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The Canadian Nurse

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The Canadian Nurse

A Monthly Journal for the Nurses of Canada
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Occupational Therapy

By GOLDWIN W. HOWLAND, M.B.

There are three great divisions of nursing which have arisen in the last few years. In the first place, Public Health Nursing, which, undoubtedly, has developed from ordinary nursing and now has become a great force for the prevention of disease amongst the public. In the second place, Social Service, which truly originated in the old time visiting nurse, who took an interest, not only in the maladies of her patients, but also in the environment which surrounded them, and was accustomed to study their relations and friends from the standpoint of personal interest. Now, lastly, there has arisen the division of Occupational Therapy, which, though the youngest of this family, is rapidly spreading throughout the continent of North America and also making its appearance in many cities in Europe.

You will all remember how frequently you used to fill up the time of your patients in hospital by giving them simple duties to perform: such as making dressings and rolling bandages, and later, when they became stronger and were up in the wards, you would allow them to assist you in preparing the trays and doing light duties about the wards themselves. From this origin there began to be developed in the larger hospitals and in sanitaria, a very definite plan of occupational treatment for those who were spending a period of time in their midst. For instance, at Battle Creek Sanitarium you will find many types of occupation; such as lectures, religious services at various hours, sports, such as bowling, tennis, etc., and all these lead to making the patients improve more quickly and enjoy themselves while under treatment.

(A lecture delivered before the Graduate Nurses' Extension Course by Goldwin W. Howland, M.B. (Tor., Lond.), Consulting Neurologist, Assistant Professor of Medicine, University of Toronto.)

In the various asylums of the world the nurses, on the one hand, have always been accustomed to beautifying their wards and giving various simple forms of work, such as sewing, knitting, etc., to their patients, and as time went on, it became customary to send the men to work in the field, while the women enjoyed (?) those more pleasant tasks called laundry work. From these simple origins there began to be developed before the time of the war very definite attempts to use occupational therapy as a therapeutic aid, in conjunctjon with massage, hydro-therapy and medical treatment. For instance, in some of the private hospitals in the United States, weaving was a practical form which was much favoured, and basketry in many forms was carried on.

With the occurrence of the World War in 1914 a completely new problem presented itself to those in charge of hospitals, inasmuch as it was necessary to have the injured veterans for many months, and even years, under treatment, and so a group of the more active minds saw the necessity for making use of occupational therapy as a definite type of treatment in the military hospitals. In Canada the University of Toronto arranged a three months' course, during which four hundred young women were accepted, graduated and there disposed in military hospitals from one end of Canada to the other. The immense value of this work was seen, not only in providing occupations to keep the soldiers satisfied and contented while in hospital, but almost invariably one found the officers in command stating that it had proved a means of aiding their recovery. And so, as years have passed, many of these men have developed a highly artistic power and are subsisting on the work which they learned to produce while taking treatment; and throughout Canada there have been

exhibitions frequently, showing some of the marvellous work done by the soldiers.

There are three separate organizations in the occupational field which, while definitely related one to the other, are yet absolutely different. Occupational therapy itself is strictly confined to the treatment of patients, with the intention of aiding in their recovery. In some parts of the United States the idea of a patient receiving any financial reward for his work is completely tabooed and the work is destroyed when finished, and frequently re-made. It must be realized that occupational therapy is a plan of treatment and not a means of sustenance. In Canada, however, it is the custom to allow the patients to have their work sold, inasmuch as it is felt that with the Canadian population this appears to increase their interest and be an additional motive in perfecting their work.

The second division, sheltered employment, includes all those forms of work, such for instance as are made use of in the Vet-Craft Shops, where men are taken who are unable to follow their former employment, and work a definite number of hours, for which they are paid at fixed rates. Here the plan is, of course, to enable the man to earn his living to a moderate degree. The work-shops for the blind fall also into this division of sheltered employment, and in some cities there are work-shops for the aged and infirm, with a similar object. Perhaps one might add to these the homes for incurables, where the patients cannot hope to regain their health, and where occupational therapy becomes purely a method of filling up their time and enabling them to buy small luxuries from the work they sell.

The third and last division, is that of vocational rehabilitation, which means the re-training of men who are unable to get back to their old occupation and who, therefore, have to be taught some new trade or work to enable them to provide for themselves and their families. It is clearly seen, therefore, that occupation is also the basal condition for sheltered employment and vocational rehabilitation, as in occupational therapy, and although the idea of treatment is replaced by offering the man the means of sustenance, nevertheless these three different organizations are one and part of the same plan, making use of the occupation in different directions.

There are two forms of occupational therapy in practise today. First, general occupational therapy, which can best be explained by the following description. If an aide is placed on the staff of a general hospital, she will have so many patients under her care that, as she passes from ward to ward, it is impossible for her to study the characteristics of each case; so that she has to give probably much the same line of work to patient after patient rather than definitely select what is the most suitable for each case. The American hospitals are overcoming this in a great measure by demanding that no case be treated by an aide except on a written prescription given by the physician in charge of the case. This general occupational therapy is intensely interesting, and is most valuable where large groups of patients have to be managed by single aides, but it is interesting to compare this situation with one hospital in the United States where there are nearly as many aides on the staff as there are nurses looking after the patients.

Specialized occupational therapy is that form in which the work is definitely arranged to suit the individual patient. The treatment of mental cases has received a wonderful impetus towards their care and cure since occupational therapy has been commenced in the hospitals for the insane. This is already becoming a world-wide system, spreading from the United States where the work is most highly developed, throughout Canada, where aides are in every asylum in Ontario, and across the Atlantic, for instance to Glasgow, where there is one of the largest mental hospitals which is becoming a centre for developing the work in Great Britain.

In the State of New York a few years ago $40,000.00 a year was given in salaries to aides in the asylums. In the present year this grant has been increased to $200,000.00. The work in these New York institutions is at present the best in the world, and their plan is briefly as follows: The patients are graded into different classes. The most inert types are simply given habit training. More mentally alert cases are taught very simple card and woven work. As improvement occurs the aide advances the work to the arts and crafts that are customarily taught.

Leaving the work in hospital wards they next pass to separate work-shops, which are attached to every large institution, and here the work is of a much higher character and may finally pass to ordinary occupations, such as the making of park chairs and carpentry in its various branches. One of the great advantages which New York has at the present time, and which it is intended to urge the Ontario Government to introduce, is that the New York State Board has attached to it a chief aide who passes from institution to institution and brings the work in each of them up to the highest degree possible. Nurses who have had charge of mental and nervous cases will have realized the necessity for other qualifications in addition to their nursing abilities: the power to re-awaken a patient's interest by the possession of a greater knowledge of types of occupation than is possessed by the ordinary graduate nurse.

In nervous cases occupational therapy has a tremendous value, because the difficulty with these patients is to eradicate from their minds the consciousness which is filled with thoughts about their own bodies, and about their past memories and their old environment. The bringing in of an absolutely fresh interest aids them to complete recovery in a much shorter time.

It is most unfortunate today that in the many rest homes for nervous patients in Ontario, no definite course of this form of treatment is given to the patients.

The cardiac cases are another field of great importance, and in some special hospitals for these patients an aide has her definite work to do. The amount of occupation and the nature of that occupation becomes a means of judging the ability of the patient to return to work.

Amongst the institutions for tuberculosis a very wide field is at the present time fairly well occupied. The difficulty of infection issuing from the articles produced by tuberculous patients is easily met by confining their skill to the many types of work which can be thoroughly disinfected before leaving the institution.

In contrast with the medical field which has just been described the surgical one is becoming wider each day. While massage and other treatments are excellent for certain types of injuries, yet with a great majority of those who suffer from stiffened joints, and other surgical conditions of an orthopedic nature, the very best treatment that can be used is to make the man employ the injured limb in some definite type of work which will make him loosen the offending joint, not two or three times a day, but thousands of times in two or three hours' work. The necessary treatment to be applied in each individual case requires every faculty of a very resourceful aide. For instance, it may be better to prescribe a course of badminton which will very often do what is required for the patient, rather than restrict him to a more serious endeavour.

The Workmen's Compensation Board for the Province of Ontario has come out definitely in favour of this form of treatment, and their patients are to be found filling the Central Work Shop every morning in the week.

The types of occupation that an aide has to obtain a knowledge of are extremely diverse, starting with simple basketry and hand weaving, and embracing metal work in brass and copper, wood-carving, pottery-making, where suitable clay is available, the making of jewellery, leather work,

batik, book-binding, cement work, cord work, designing, stencilling, toy-making, with wood-working in its many forms.

The two most prominent schools for occupational therapy developed since the war are the Boston School, where the course is being raised to two years, and the school at Philadelphia, which gives its certificate after a course of one year. There is also a very excellent school in Wisconsin, where the work taught is of a very high class indeed. The Walter Read General Hospital in Washington, with a much shorter course, has also a very high reputation. Added to this are many smaller schools, most struggling for an existence and turning out their aides in a shorter time. The ultimate plan is, undoubtedly, to develop a course of about two university terms, that is, about fourteen or fifteen months if taken continuously. The University of Toronto starts its first course, since that three months' course which was given at the time of the war, by going to the very root of things and by laying down a two years' course of university length and demanding as an entrance junior matriculation. Whether the number of students enrolled for the first year will enable this standard to be maintained, remains to be seen. It is understood that in the American schools the age for admission is about nineteen or twenty years, as it is considered younger people do not possess the necessary stability for working with the mental cases in the practical side of their training. It is interesting to know that the head of the Boston School has stated that the majority of their graduates, of whom there are some thirty-five a year, are mostly from the ranks of school teachers, nurses or university graduates.

Who then is the most suitable person to take up the work of an aide? On the one hand it is claimed that a graduate of an art school does not make a successful aide because her mind has developed too far in the pursuit of true art, and she is unable to turn it usefully to teaching patients to learn its rudiments quickly. It is claimed that a university graduate has developed her mind so far in scholastic studies that her practical side is not so well developed. Humourously, it may be said that it appears that the best aides are those who do not know too much along any line to start with, but, together with the artistic sense, have the altruistic desire to help others, which may be claimed to be a compendium of the basis of a nurse and the basis of an artist.

The work in Canada is very young, and it will mean that for a few years the graduates of this school will in all probability have to fight a battle towards getting positions themselves, in connection with institutions outside of Toronto, although Hamilton, London, etc., already have such positions filled, and there will be a great field for occupational aides in Canada. Winnipeg has a definite organization in connection with its Psychopathic Hospital, and there are a few scattered aides in other parts of the Dominion, but the graduates of the first year or two should possess unusual energy, since they will have to break fresh ground.

In the Dominion of Canada the work so far is organized most satisfactorily in the city of Toronto, where aides are attached to the General Hospital, St. John's Hospital, Home for Incurables, Tuberculosis Sanitarium at Weston, the Institution for the Blind. In addition there is a large central work-shop where private patients are sent by their physicians, which is also attended by workmen sent by the Compensation Board and where public patients from all the city hospitals are treated free of charge, owing to a system of bursaries which has been introduced. This work, which has steadily advanced during the past four years, has a great future before it, and it is felt that, having originated from the work of nursing, the assistance and co-operation of nurses throughout the whole of Canada should be behind occupational therapy, so that the hospitals in which they are in attendance should take up the question of placing themselves on record as being up-to-date and having an occupational aide attached to them.

Editorial

New Year's Resolutions

Just before he left Canada, in an earnest farewell speech, Lord Byng implored the Canadians to whom he was speaking, for the sake of their country, sometimes to stop, step aside and consider.

A better New Year's resolution cannot be suggested than that. For the sake of our profession, we, too, should determine to take time to stop and quietly consider nursing work as a whole and our individual relation to it. Stop—look—listen are instructions conducive to safety in other things than the crossing of roads. Let us professionally stop, look and listen and it may be that we shall find the solution to some of our problems.

Stop. We go on in the hurried routine of our lives, doing perchance to-day what we did yesterday or last month or last year, doing it mechanically — without asking ourselves what it is we are trying to accomplish—what is the goal we are trying to reach: are we coming any nearer to that goal; if not, what is the matter? Is the nursing care given the patients, for whom we are directly or indirectly responsible, what it should be—skilled, intelligent, adequate? Could we not all with advantage stop and consider these things?

Look. Surely any serious consideration will lead us to look at what others are doing or have done in work similar to our own. Do their aims, their methods, their results differ from ours, are they sometimes succeeding where we fail, are they solving some of our problems, how are they doing it? Let us look and learn. But also we need to look outside our own particular field and consider nursing as a whole. Then let us look, too, at other types of work which are related to our own, such as education and social welfare. And in our "looking" let us remember Miss Nightingale's warning, "Observation may always be improved by training—to look is not always to see." . . . "It must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort."

Listen. In order that our observations may be fruitful we shall have to listen as well as look; listen to the words of the workers as they try to give by word or in the pages of the professional journals the benefit of their experience. Listen also to the voice of the thinkers as they tell us of the real nature of our work and the principles which should govern its development. A beloved physician and true friend of the nursing profession said of us, "Nurses do not go on, they do not study, they do not strive to develop themselves and thereby raise themselves from the point of being merely members of a skilled trade to the standing of a learned profession."① Is not this, alas! true of many among us?

What is our attitude to such criticism at this? Some of us seem to consider that nurses should be exempt from the criticism of either the medical profession or the laity and that all such criticism is merely to be resented. Surely such an attitude is

①Henry Favill, M.D.—"What the Medical Profession Can Contribute to Nursing Education."

both foolish and ignorant. Let us rather **listen** carefully to all criticism and try to gain something from it.

The great majority of us lead such busy, hurried lives that we tend to think of our little world as **being the great world**, or to forget altogether that there is a great world! Material things press in upon us and the things of the spirit are crowded out. We have no time to possess our souls. It is precisely because we are so rushed that it is a "rule of safety" that we should stop and think. So thinking may we realize that it is of supreme importance to each one of us "that we should not fail to search for the truth concerning any part of our work, that we should not fail in the courage and the honesty to follow where that truth leads us."②

Nurses of Canada, may we do our utmost to meet the new demands of the New Year as did the pioneers of our profession in the years that are gone, and may 1927 be a truly happy year to you all.

—FLORA MADELINE SHAW.

②Mary Adelaide Nutting, R.N., M.A., in "A Sound Economic Basis for Schools of Nursing."

Handicapped Children and the Junior Red Cross

By CHARLOTTE WHITTON, M.A.

The war with its decimating loss of human life and its impairment for two and three generations of some of the child life born in its shadow, the war areas, has nevertheless emphasized as generations of educational effort could not have done, the place of that child life in the economy of nations. This emphasis has brought into bold relief not only the child's claim to be well born and to be given a chance of survival after birth by decent health conditions and care, but has also directed attention to certain phases of life wherein social waste was winnowing broad furrows. On this continent, and especially in this country, no phase of this needless social waste has received greater and more measurably effective attention since the war than the care of the handicapped child. Especially has the child suffering from remedial defect been the focus of attention with most inspiring results for him and the workers on his behalf. The elimination of individual suffering and of social waste among this group of children is not exactly measurable, but the fact that there is hardly a community wherein some child has not been served bears witness to the appeal this group has made to the public imagination, and the degree with which existing organizations have been able to render the application of this human sympathy effective. The service clubs—Rotary, Kiwanis, Lions, Gyro, Hundred Club, etc.—the fraternal societies, the women's organizations, especially the Women's Institutes and the Daughters of the Empire, have been most active in this field. In most cases not only the actual handicap of the child but subsequent handicaps in educational training, etc., resulting from the initial physical handicap, have received attention.

In the entire field, however, there is one organization of whose predominant contribution both in volume of cases and in variety of services there would not be serious question—and that is the Canadian Junior Red Cross. It was a fine and inspiring idea, in the formation of these groups, to direct the attention of strong, healthy, eager childhood to the claims of its own members suffering from handicap. The wisdom of that judgment of youth's warm impulses and potential energy has been amply vindicated. Through the courtesy and co-operation of the Director, Miss Jean Browne, the Council has been supplied with a full statistical report of the tremendous

(Child Welfare News, 1926.)

Stanley: before and after treatment.

volume of work accomplished in this field since the Junior Red Cross began its work.

"The following cases have been treated through the Fund of the Junior Red Cross since the beginning of the peace-time programme up to the end of 1925. These cases have covered a wide range of diagnosis, but may be summarized under a general heading as: Orthopaedic Cases; Defective Vision; Enlarged Tonsils and Adenoids; General Medical and Surgical Cases; Dental Cases.

	General Cases	Dental Cases
British Columbia	39	----
Alberta	461	----
Saskatchewan	1,652	7,000
Manitoba	544	5,000
Ontario	1,000	----
Quebec	115	----
New Brunswick	22	----
Nova Scotia	200	----
P.E.I.	93	----
	4,146	12,000

In addition to this, the Senior Red Cross in Alberta, through their Soldiers' and Children's Home, boarded and educated 219 children.

Alberta and Saskatchewan are the only provinces that operate special Junior Red Cross Hospitals. In the other provinces the cases are treated through the hospitals already existing. The Junior Red Cross hospitals have class rooms and a school teacher on the staff.

In the Province of New Brunswick the Senior Red Cross Society has had travelling clinics for the treatment of handicapped children. These have been operated by the Department of Public Health, but paid for from Red Cross Funds, and during the time since they have been in operation there have been 344 nose and throat operations and 376 dental cases treated.

In Nova Scotia, Caravan Clinics have operated since 1920 for children. Since the report on these caravans

A little Junior Red Cross patient for whom Juniors are working hard to raise enough money to send her to a convalescent home for two months as soon as she is able to leave the hospital.

does not fit in to any other list, a separate summary of it is appended.

Totals from 1920 to 1924, inclusive:

Total No. clinics	50
Total No. clinic stops	154
Total No. patients, medical	3,837
Total No. patients, dental	9,095
Total No. vaccinations	807
Total No. T. and A. operations	404

Training of Handicapped Children

In connection with the Council's slowly organizing effort to have educational facilities extended to children debarred by handicap or isolation from such opportunity, the Junior Red Cross were good enough to supply the following statistics in respect to cases discovered during their work:

Children treated through the Junior Red Cross, whose handicaps prevented their having access to educational facilities previous to entering a Junior Red Cross Hospital.

British Columbia	13
Alberta	23

There is a teacher on the staff of the Junior Red Cross Hospital in Calagry.

Saskatchewan. — A correspondence school in connection with the Department of Education has been established to provide education for cases not having access to educational facilities.

Manitoba.—Orthopaedic cases undertaken by the Junior Red Cross in Manitoba are sent to the Children's Hospital. In 1922, 1923, and part of 1924, the patients in the Winnipeg Children's Hospital had regular teaching in elementary school subjects and handicraft. At the end of that time

The little daughter of a returned soldier, who has been made well and happy by the Junior Red Cross Society.

it was necessary to dismiss the teacher owing to lack of funds. In 1925, the Shriners took on the Junior Red Cross orthopaedic cases, and they are making arrangements for education for their patients.

Ontario.—No information.

Quebec	11
New Brunswick	3

All are back at school now.

Nova Scotia. — In Nova Scotia, many of the cases treated had had no education and all were behind in their school work.

Prince Edward Island	3

The full measurement of Canadian effort in meeting this problem cannot be visioned even by statistical record. Its contribution will become gradually apparent in improved health, lessened incidence of defect, and reduced contributory unemployment, dependency, ill-health and adult incapacity of this generation of young life, when it too passes into the young manhood and womanhood of the state.

(Plates for illustrations by courtesy of the Canadian Junior Red Cross.)

"Helping Hand Group" of a Crippled Children's School.

CHARITY

Could we judge all deeds by motives,
See the good and bad within,
Often we would love the sinner
All the while we loathed the sin.
Could we know the power working
To overthrow the integrity,
We should judge each other's
Errors with more patient charity.

—Author Unknown.

The Development of Hospitals in Alberta

Grey Nuns of the Far North

When Alberta was still a portion of the North-West Territory, in 1867, a small company of Grey Nuns left the shelter of their mother house and hospital in Montreal, and after enduring untold hardships from travel by land and water, arrived at Fort Providence, on the banks of the Great Slave Lake, latitude 60°, and founded there the Sacred Heart Hospital; serving the Indians, together with small companies of Hudson's Bay people, chance trappers and traders. To-day their group of neat buildings, with trim picket fences, serve as a land-mark to the traveller. The first work of the Grey Nuns in the far north was to prevent the massacre of the innocents; secondly, to spread the Christian religion; and, thirdly, to educate the Indians and care for the sick; to all of which they devoted their untiring efforts.

The Coming of the Railway

In 1883 the Canadian Pacific Railway laid its then "end of steel" into Calgary, opening up new country into which hundreds of settlers poured, and the nuclei of towns were quickly formed. Dr. Brett, ex-Lieutenant-Governor of Alberta, came to Calgary in 1883 with the C.P.R. as company's doctor, and later opened at Banff the Brett Sanatorium, chiefly for the treatment of rheumatism, for the utilization of natural sulphur baths found in that part of the Rocky Mountains. A few years later came the two Calgary hospitals, the Calgary General and the Holy Cross, the latter under the direction of the Grey Nuns.

Medicine Hat Hospital

In 1888 application was made to the Legislative Assembly of the North-West Territories to incorporate the Medicine Hat General Hospital. The hospital was completed and opened in the year 1890, at a cost of $25,000. The task of such an undertaking will be grasped with the realization that Medicine Hat at that time had a population of 350 souls, with the surrounding country sparsely settled by ranchers. It was opened as a general hospital and has been running successfully ever since. It was the first general hospital to be opened west of Winnipeg.

Edmonton General Hospital

The Edmonton General Hospital dates back to the year 1895, when two Grey Nuns, Sister Marie Xavier, superior, and Sister H. Gosschin, left their mother home, the Grey Nunnery in Montreal, to offer their services in care of the sick in this new country. The first hospital was a three-storied red brick building, accommodating 36 patients, enlarged in 1907. In 1908 it became a training school for nurses, and, as the city grew, other additions with modern facilities were made. In 1920 the institution had again outgrown its bounds. Science and modern surgery demanded new accommodation, with the result that the present buildings accommodate 200 patients, with each department in charge of a trained Sister-Technician.

The Royal Alexandra Hospital

In 1899, in the city of Edmonton, a group of physicians and other gentlemen of the city met at the home of the Rev. H. A. Gray, present Anglican Bishop of the Edmonton Diocese of Alberta, for the purpose of discussing the advisability of establishing a public non-sectarian hospital in Edmonton, with the result that in 1900 a wooden building was erected and opened that year, known as the Boyle Street Hospital, being the nucleus of the City Hospital, and governed by a Board of City Directors. Miss Turnbull was the first superintendent.

In 1911 the city opened a fully modern hospital, supplanting the Boyle Street building, known as the Royal Alexandra Hospital. To-day it has a bed capacity approximating

350, with a separate building for communicable diseases, and a comfortable and attractive nurses' home.

Mission, Philanthropic, and Red Cross Hospitals

In the eastern portion of the province, along the northern branch of the Saskatchewan River, is a colony of some 50,000 Ruthenians, Russians and Poles. In about 1905, under the auspices of the Women's Methodist Missionary Society of Canada, Drs. Archer and Rush opened a small hospital in Lamont, the centre of this European colony. Up to date they are able to accommodate 65 patients. The hospital has a small training school and does a remarkable piece of work in administering to the needs of these new settlers; approximately 2,700 patients were treated during the past year.

In 1906, under the auspices of the Presbyterian Mission of Canada, the late Mrs. Alice Sorrel Forbes commenced the work of the Pioneer Hospital in Grande Prairie. A caboose and tent kitchen alone comprised the structure of this institution, which finally terminated in the erection of a fully modern hospital.

In 1912 a very beautiful little cottage hospital was built under an Anglican Mission fund, to serve the needs of a foreign community, cut off from medical aid. This hospital was placed in charge of an English nurse, holding the additional certificate of the Central Midwifery Board, London.

About 1910, the little town of Islay had a Lady Minto Hospital, which eventually merged into municipal control.

The Red Cross, since 1920, when it first came into the province, has established several nursing outposts. At present it has five cottage hospitals, giving excellent service in isolated sections of the country.

More Recent Developments

Situated on the southern bank of the Saskatchewan River in the city of Edmonton, among the Alberta group of University buildings, is the University Hospital, offering to its students, in addition to a three-year course, leading to a diploma, a course of five years, leading to the degree of Bachelor of Science in Nursing.

In 1905 the North-West Territories became subdivided and the province of Alberta came into being, administering its own local government. In 1911 Ponoka Provincial Mental Hospital was opened. It is fully modern in its buildings and equipment, operating a farm of 1890 acres. Ponoka Mental Hospital was the first in Canada to try the malarial treatment for general paralysis of the insane. In 1923 the Provincial Training School at Red Deer was opened for mentally defective children. Previous to that date they were housed in a smaller institution in Edmonton.

The Central Alberta Sanatorium for the treatment of tuberculosis was operated by the Dominion Government for returned soldiers. In 1925 the Provincial Government, according to agreement, assumed the responsibility, thereby offering accommodation to the tubercular citizens of the province. The sanatorium is situated on the banks of the Bow River, about eight miles west of Calgary, and has an altitude of 3,400 feet.

At present there is a total number of 71 hospitals in the province receiving the government grant, complying with the term "approved" in accordance with the regulations under the Hospitals Act.

In the spring of 1919 the Legislative Assembly of the province passed an Act known as the Municipal Hospitals Act. This Act provides for the division of the province into convenient hospital districts, always providing that two-thirds of the taxpayers are in favour of such a procedure. The purpose of a municipal hospital is to provide hospitals of approved structure and modern facilities in

(Concluded on page 15)

Nursing Care in Pre-Eclamptic Toxaemia and Pernicious Vomiting

By HILDA M. MURPHY

This article will deal briefly with the nursing care only of the cases of pre-eclamptic toxaemia and pernicious vomiting which have been treated in the Metabolic Ward of the Obstetrical Department, Toronto General Hospital. The majority of these cases of pre-eclamptic toxaemia are referred from the Out Patients' Pre-Natal Clinic; the indication for their admission being the presence of albumen in the urine and a raised blood pressure accompanied by oedema of the extremities.

Upon the severity of the case depends the treatment. If the obstetrician decides that it would be dangerous to allow the pregnancy to go on to term, then an induction is done. Otherwise these patients are kept in bed and put on an absolutely salt free diet. This does not mean merely leaving the salt off the tray, but it means that all the food is prepared and served without salt. Unless it is known that there is actual kidney damage the salt free diet is made high in protein. A daily record of the blood pressure is kept, a daily estimate of the oedema and the intake and output of fluids, the patient being allowed all the fluid she desires. In order that an accurate twenty-four hour collection of urine may be obtained the patient is given a daily cleansing enema instead of a purgative. The daily record is made up at 8 a.m. and preferably the enema is given immediately following the collection of urine at that time.

On this treatment, almost immediately it will be noted that the blood pressure falls (unless there is evidence of arteriosclerosis) oedema decreases, and the albumen becomes less in the urine. This result usually takes place within the first three or four days.

The one great difficulty in the nursing care of these patients is to keep their diets salt free. There are no obstacles in connection with the meals themselves, but sometimes it is rather hard to impress upon the patients the fact that fancy cookies and salted wafers given them by well meaning friends are not salt free.

If the patient is only two or three weeks from term she is advised to remain in the hospital until after her confinement and treatment is continued until labour commences. If, on the other hand, the patient for any reason, is unable to remain in hospital, she is allowed to go home, with careful instructions to keep her diet as free from salt as possible and to pay strict attention to her body functions. She is also requested to return to the Out Patients' Clinic every week.

As it is quite well known, by no means the majority of cases of nausea and vomiting of pregnancy come under the term pernicious vomiting, but these cases, when they do occur, require very careful treatment.

It is quite generally believed that the vomiting of pregnancy is caused by lack of fluids in the system. On admission to the ward a blood analysis is done to determine the extent of dehydration. Then the treatment begins. The patient is kept as quiet as possible by being screened from the rest of the ward and is allowed absolutely no visitors until after vomiting has ceased. The mental attitude of each patient must be studied separately since for no two patients will the same methods prove successful. Here the nurse plays a large part, by excluding visitors and

(Miss Hilda M. Murphy, Reg.N., staff nurse, Toronto General Hospital.)

at the same time keeping the patient contented without her friends.

A daily cleansing enema is given and nutrient enemata of six ounces of ten per cent. glucose administered three times a day and at bedtime. As a general rule thirty or forty grains of sodium bromide are given in each enema for the first twenty-four hours. Fluids are urged by mouth to sixty ounces in twenty-four hours, regardless of the fact that the patient declares she retains none of it. Any fluids are permitted except milk, strong tea and coffee, and any fluids taken seem more acceptable when iced. A careful daily record of the intake and output of fluids is kept. A daily intravenous injection of 1,000 c.c. of five per cent. glucose in saline is given and this routine carried out until the daily output of urine is 1,000 c.c. or over, with a specific gravity of 1,010 or under. This result must be attained within a period of six or seven days, or a consultation is held with a view to terminating the pregnancy.

The exercise of patience is a great factor in the nursing care of a case of pernicious vomiting. Inducing the patient to drink sixty ounces of fluid a day, when each sip she takes makes her feel nauseated, is not an easy task for either the patient or the nurse, neither is it always accomplished during the first day or two. The patient's willingness to help all she can takes her a long way on the road to recovery. Before attempting to urge fluids it is quite essential to find out the patient's viewpoint, because on the answer to this depends the attitude the nurse must assume. A patient who does not desire her baby will soon learn that if she persists in vomiting the pregnancy will be terminated, and some patients will adopt extreme measures to prevent the completion of pregnancy. In this event determination and constant watching on the part of the nurse are the winning factors. On the other hand, which happily occurs in the majority of cases, the patient will gladly do whatever she can to help and by a little encouragement and urging the task is accomplished.

As soon as the patient expresses any feeling of hunger she is given a little dry toast or cracker, four or five ounces of clear soup, and a little stewed fruit. Gradually the amounts of food are increased until in the course of a week or ten days the patient is eating a full diet. If possible, she is kept in hospital for two weeks after being put on full diet and then she is allowed to go home. But under no consideration must the daily fluid intake of sixty ounces be stopped.

The reason for this is explained to the patient before she is allowed to go home and she is asked to report every week for the first month directly to the physician in charge of this special research work. After the first month she is advised to report to the Out Patients' Pre-Natal Clinic, and through the co-operation of the Social Service Department is kept under observation until the termination of pregnancy.

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rural districts. There must be adequate equipment to meet every emergency, and equal service is given to all patients. The rooming space is divided into small wards and separate rooms. A local Board of Directors controls and administers the finances, the Minister of Public Health maintaining the responsibility of safe-guarding the rights of the people. At present there are 16 municipal hospitals operating in the province. The Municipal Hospitals Act provides ways and means whereby people may help themselves, and brings within reasonable access the maximum of hospital service at the minimum cost.

Report

The following is a report of the conjoint convention of the Alberta Association of Registered Nurses, the Alberta Hospitals' Association, and the Alberta Municipals Hospitals' Association, held November 23 and 24, 1926, at the Palliser Hotel, Calgary, Alberta.

The first morning the business session of the different associations were held. In the nurses' section, Miss McPhedran gave an interesting report of the general meeting of the Canadian Nurses Association in Ottawa last August. The session closed with a luncheon at the Palliser Hotel, given by the Calgary Association of Graduate Nurses.

Speakers from outside the province were Miss Jean Browne, director of the Junior Red Cross of Canada, and Miss Kniseley, of the Social Service Department of the General Hospital, Toronto.

Miss Browne spoke on nursing conditions in Canada. The speaker stated that three provinces—British Columbia, Ontario and Quebec—have inspection of training schools, which has resulted in the provision of better living conditions for nurses, better equipment for teaching purposes, better provision for lecture courses and better proportioning of nurses' time while in training. Affiliations have been secured between small and larger hospitals. Many small hospitals have graduates on the staff instead of attempting to conduct training schools. Properly trained teachers are on the staffs of the larger training schools and the scope of nursing has been enlarged by university and post graduate courses. The clinic is advocated as the best means of teaching, as knowledge is acquired by **doing**.

Miss Kniseley described the methods of Social Service work in Paris and Toronto, and then gave a detailed description of the department at the Toronto General Hospital, showing how, with the assistance of voluntary workers, patients were being rehabilitated to private life, how the doctor could be put in touch with the patient's social relations and responsibilities, and how the whole system was helping to work for the physicial, mental and moral health of the people. (Alberta, in its infancy in regard to Social Service work, should be stimulated by this address to carry on towards the same goal.)

Other interesting speakers were: Miss Fenwick, recently appointed superintendent of nurses at the University of Alberta Hospital at Edmonton, who spoke on the advantages of post graduate work for nurses. Miss Olive Watherston gave an amusing description of the Public Health Course now in session at the University of Alberta, leaving no doubt, however, in the minds of her hearers as to the benefits she was deriving from the course. Dr. Baker, of the Central Alberta Sanatorium, spoke on the relation of the general hospital to a tuberculosis sanatorium, urging that a place might be reserved in the general hospitals for the advanced cases of tuberculosis. Miss Auger, of the Medicine Hat General Hospital, in a paper on the curriculum for schools of nursing in Alberta, pointed out the difficulty of carrying out this curriculum in the smaller schools and offered a suggestion for one remedy: That the standard of admittance to the training schools be raised from grade VIII to grade XI, and that post graduate courses be given by the University.

Sister Lafferty, of the General Hospital, Edmonton, read an interesting paper on Training School Problems, and Dr. Allen, Calgary, spoke on anaesthesia, with special reference to the advantages and disadvantages of nitrous oxide gas, and the advisability, or otherwise, of employing lay anaesthetists, which brought forth a lively discussion.

Dr. McGibbon, Professor of Economics in the University of Alberta, gave an excellent paper on hospital administration, and Dr. Washburn, superintendent of the University Hospital, Edmonton, who spoke on hospital competition, emphasized the great improvement in hospital equipment of late years.

Mr. Burns, of the Calgary General Hospital, and Father Cameron, of the Holy Cross Hospital, Calgary, prepared a paper on the relation of the municipal district patients to hospitals. Their opinion was that the municipality should be under obligation to pay accounts or to make an effort to collect these from the patients who are not indigent, though claims to the contrary may be made. Dr. H. R. Smith, Royal Alexandra Hospital, Edmonton, reported on the annual meeting of the American Hospital Association. Several suggestions that might be followed to advantage in Alberta were mentioned. Dr. Smith also spoke on co-operative buying for hospitals. Mr. Everett, of the T. Eaton Co., Winnipeg, suggested as an alternative the standardization of hospital supplies.

Tea was served at the close of the afternoon sessions—on Tuesday, at the Holy Cross Hospital and on Wednesday at the Calgary General Hospital.

The Schoolchild's Sight

A Swiss investigator recently found that among 20,000 children under five years of age medically examined, only one case of myopia (short-sightedness) occurred. Among university students, on the other hand, he found about 50 per cent. of such cases. This enormous disparity leads him to conclude that myopia is an "occupational disease" among school children and older students, brought on mainly as the result of study.

The Swiss figures are confirmed by an inquiry carried out in London into the eyesight of 800 children aged from four to seven. Normal acuity was attained by 86 per cent., and only 3.2 per cent. registered really bad vision. In contrast to this, a group of children of school age registered only 37 per cent. normal, and 22 per cent. very bad vision. The older the child, the more backward and the more defective his visual attainment. Myopia, therefore, would appear to be largely preventible if the right measures were taken at the right time. The many thousands of people to-day wearing spectacles might never have needed them if their eyesight had been saved, not strained, during their school years.

In America it has been found that rural districts generally report a larger percentage of children with defective vision than city districts. In Pennsylvania, for instance, the rural districts showed 16.8 per cent. of defective vision among more than 500,000 pupils examined, while among 370,000 pupils examined in cities of over 30,000 population, the percentage of defective vision was only 8.5. This difference is attributed to the varying conditions of testing, to bad illumination in rural homes and schools, and to the small number of corrections provided for rural children.

(From the Secretariat of the League of Red Cross Societies, 2 Avenue Velasquez, Paris, 8e.)

Preventive measures need to be based on a knowledge of the normal development of the eye from infancy to adolescence. In a certain number of children myopia is simply a natural variation. Others are pathological cases which require urgent and careful visual hygiene throughout the whole period of growth. Heredity and sex play their part in predisposition to myopia, and other factors are endocrine endowment, nervous disposition and nutrition.

The eyesight of school children can be protected in two ways; by taking special precautions in ordinary classes, or by forming special "sight-saving" classes.

The teacher in the ordinary class can instruct the children in simple rules of eye hygiene, such as that the reading page should be 12 to 14 inches from the eye, that the child should sit in good light falling over the left shoulder, that no reading should be done in direct sunlight or in a poor light, and that all work must be done in an erect posture, not with the head close to the desk. A careful teacher, if she observes symptoms of eye-strain, will report these to the school nurse or doctor and have the child examined. She will seat those with defective vision at the front, will have the room properly lighted, adjusting the blinds to prevent glare from the sun, or using artificial light on dark days. She will keep a list of the children supposed to be wearing glasses and will see that they are being worn and are kept clean, also that they are their own glasses and not someone else's.

The children in a special "sight-saving" class are usually under the supervision of a skilled oculist, who instructs the teacher as to the amount of eye-work each child is allowed to do. In an ideal sight-saving class the exposure or the room is north-east so that the children get the benefit of the morning sun and the steady north light for the rest

of the day. The window area should be one-fourth the floor area, and the windows should reach within six inches of the ceiling, since the best light comes from above. The equipment should include movable seats, adjustable desks, tables and chairs, books in 24-point type, outline maps, heavy pencils, unglazed buff-colored paper, and "matt" finish for all surfaces, including the blackboard. These should be placed where it is never necessary for the children to face the light when looking at them.

The expense of maintaining such classes is heavy, but it is not nearly so heavy as educating a child in a school for the blind, or allowing him to grow up to become a liability to the State.

Sunlight and Health

By W. F. TISDALE, M.D.

No studies were made of the effect of light on the metabolism of the body until four years ago when it was shown almost simultaneously at New York, at Johns Hopkins, and at Toronto, that ultra-violet rays produce in infants with rickets a marked increase in the inorganic phosphorus content of the blood. It is indeed remarkable in view of the fact that sunlight is the source of energy on this planet.

The shorter rays, which are the most essential ones, are readily cut off by the smoke, dust and moisture in the air. In Toronto we have so realized the importance of this factor that we are building a half million dollar addition to our Hospital for Sick Children in the form of a convalescent home situated twelve miles outside the city.

We find that the percentage of ultra-violet rays in the early morning or late afternoon sunlight is practically negligible. Also in the winter time in the temperate zone the sun is so low that the percentage of ultra-violet rays even at midday is very small. Actual measurements show that in the northern part of the United States and the southern part of Canada only about one-tenth of the ultra-violet radiation is found in the noon-day sunlight of January as compared with that of July.

Although the light which has passed through glass is of the greatest importance from the standpoint of vision and retains all the appearance of ordinary sunlight, it contains none of the potent ultra-violet rays. This fact cannot be too strongly emphasized, because so few people realize that light which has passed through ordinary glass has been robbed of practically all the rays which are essential to health.

We may rightly ask, "What is the origin of the anti-rachitic vitamine in cod liver oil?" The answer is that the sea contains a great deal of vegetable matter and as water is comparatively permeable to ultra-violet rays a large quantity of this matter no doubt contains activated phytosterol. Small fish eat this vegetable matter and change the phytosterol into cholesterol. The cod then eat these small fish and store the activated cholesterol in their livers, from which it is extracted in the manufacture of cod liver oil. In other words the anti-rachitic vitamine of cod liver oil owes its efficacy to the ultra-violet rays of sunlight.

If the anti-rachitic vitamine and ultra-violet rays produce the same effect in infants and children, are the ultra-violet rays necessary? Can they not be entirely replaced by cod liver oil? I think not. One reason is that the amount of cod liver oil which can be assimilated without the production of a gastro-intestinal disturbance is limited. Although immeasurable benefits are obtained by the routine administration of 1 to 2 drams of cod liver oil three times a day to infants and children throughout the winter, the beneficial effect of summer sunlight is much greater.

(From an address delivered by W. F. Tisdale, M.D., Pediatrician, Hospital for Sick Children, Toronto, before the American Health Congress at Atlantic City, N.J., May 17-22, 1926.

The Visiting Housekeeper

By LEXA DENNE, Reg.N.

The Toronto Branch of the Canadian Red Cross Society opened its Centre for training and maintenance of visiting housekeepers on June 16th, 1925. The training consists of a seven week's course in preparation of food, household management, personal and household hygiene, marketing and budgeting, child care and simple nursing, and social work, followed by six month's field work under supervision from the Centre. A splendid type of young woman is going in for this work. Those applying with high school training or its equivalent and previous food work training are given first consideration. There are also some middle-aged women whose aptitude for house-work and interest in the social aspects of the problems are a distinct asset.

The visiting housekeepers receive a salary of $16.00 per week from the Red Cross, of which $6.00 is paid back for maintenance while they reside at the Centre. A simple blue uniform and cap are also provided with a laundry allowance.

Applications for the services of housekeepers are made to the Centre. These are personally investigated, the services explained, financial arrangements made and then, when possible, the visiting housekeeper most suitable to the family sent. The charge made for assistance is arranged in accordance with the means of the family, if they are unable to pay the full fee. More requests have been received than there have been trained workers available.

Five housekeepers were in the field from August 1st to December, 1925. The staff was increased to ten in December, and in March, 1926, to fourteen. In September, 1926, a class of eleven students entered making a total of twenty-five workers. From January to September over 270 families were attended. This has meant that many homes have been kept together, the father has continued to provide for the family, the children have attended school, and the mother, when able, has resumed her household duties with little adjustment and no re-establishment of the home.

The duties of the housekeeper consist in preparing meals, caring for the children, keeping the house in order, arranging for the laundry, doing the marketing if necessary, and giving simple nursing care. The housekeeper arrives in time to give the children their breakfast and send them off to school and remains until the father returns from work, and the children have had their evening meal, an eight to ten hour day according to the needs of the family. The average length of time spent in a home is three weeks, although in some cases one is sufficient. The housekeeper's opportunity for educational work is great in regard to simple nursing procedure and systematic sensible house management and nutrition.

It is clearly understood that the housekeepers do not give regular nursing care, or handle social problems, their responsibility is housekeeping. During their training a short course in simple nursing procedure, planned by a committee of nurses, is given by a registered nurse with a special teacher's training. This course has sixteen lectures which are as follows: (1) Purpose of course—Making closed bed; (2) Making open bed; (3) Bed bath; (4) Making bed with patient in bed; (5) Care of room—ventilation, light, arrangement of articles in room; (6) Care of excreta—use and care of bed pan, substitutes, care of bath-room; (7) Review: Application of heat, substitutes for hot water bottle; (8) Reading and care of thermometer; (9) Giving of medicines; (10) Surgical cleanliness as applied to: (a) Minor surgical dressings and use of

(Miss Lexa Denne, Reg.N., Director Visiting Housekeepers Centre.

triangular bandage; (b) Perineal dressings—care of perineal pads; (11) Care of baby; (12) Care of baby (cont'd); (13) Special application of two lectures by medical officer; (14) Lesson in eight health habits for children, and their application; (15) Ethics; (16) Review.

Two lessons on infection and simple methods of protection are given by a medical doctor.

In the field work, up to the present, the visiting housekeepers co-operate with the Victorian Order, St. Elizabeth and public health nurses, the nurse taking full responsibility of the nursing and supervision of health problems. Their training and field work are in no way connected with a hospital, and they only rarely come in contact with the out-door clinics, when it is necessary to escort a patient there, no other arrangement being possible.

One case of special interest was that of a mother, ill in hospital leaving five children, only one of school age. Owing to hot weather and the careless disposal of garbage, the house was infested with flies and the children ill from infected food. A housekeeper was sent, and with the aid of a few yards of mosquito netting, a package of tacks, a bundle of newspapers and plenty of soap and water, the place was transformed, the windows were screened, children nursed and clothing mended, and when the mother returned, household conditions and family were well on the road to a normal state.

Another family, which was attended, presented a special diet problem. The mother was anaemic and confined to bed, a girl of three undernourished and a boy of six badly trained. The family income was limited and required considerable ingenuity to supply appetizing food for the mother, and to correct the food and health habits of the children. After four weeks the mother was able to be up for about eight hours doing light work, the children had gained in weight, and the general morale of the household raised through discipline and an observance of regular hours.

This is a service undertaken for the people of Toronto as a part of the peace time programme of the Red Cross. It is financed by The Toronto Branch of the Canadian Red Cross Society. The committee in charge of this represents the outstanding social, nursing and household science organizations of the city, and owing to the enthusiasm and indefatigable efforts of its members, the undertaking is being established upon very sound and co-operative principles for community welfare. The Centre aims at making a distinct household science contribution in the interests of public health and at raising the standards of housekeeping.

After January 1st, 1927, the address of the National Office, Canadian Nurses Association and The Canadian Nurse will be 511 Boyd Building, Winnipeg, Manitoba.

The Value of Ante-Natal Records in Public Health Work

By MADELINE TAYLOR

Accurate records in ante-natal work are absolutely essential. The expectant mother, especially if she is a primipara, looks forward to the nurse's visits for advice and instruction. In order to obtain the best results, these visits should be made as interesting as possible, that the full co-operation of the patient may be had. Instruction given at each ante-natal visit should be carefully noted on the record, to avoid repetition of the same advice by the following nurse, should necessity demand a change of personnel.

How monotonous it must be to the mother to have the same instruction about the same subjects, by different nurses, at different times! When this happens the patient loses interest, thus the value of the visit is lessened, a contingency that should be avoided.

The mother should be impressed with the value of ante-natal advice in order to keep her fit. If a record is kept, carefully noting what is done at each visit, a certain continuity of instruction can be maintained that will impress upon the patient the nurse's interest in her as an individual.

It is true that it may be necessary and even advisable to repeat certain types of advice, but something new introduced at each visit carries the element of surprise that stimulates the patient's interest. If at each visit after answering the mother's numerous questions, one of the many topics such as diet, hygiene, baby's layette, etc., can be gone into thoroughly, much better results will be obtained and there will be no loss of valuable time to the organization due to useless repetition.

Accurate records are also valuable in helping the supervisor to know the type of care the patient is receiving, whether there are any abnormalities the co-operation the nurse is able to command, and are one of the principal aids in keeping in touch with the patients.

The physician may at some time wish to find out at what time certain symptoms first appeared, the patient may have forgotten, but if a careful record has been kept the doctor will be able to obtain this information.

The record means more efficient care for the patient, is a stimulus to the nurse, makes possible better supervision, is an aid to the doctor, and provides valuable statistics.

(By Madeline Taylor, Victorian Order of Nurses, Montreal.)

Public Health is the foundation upon which rests the happiness of the people and the power of the State. Take the most beautiful kingdom, give it intelligent and laborious citizens, prosperous manufactures, productive agriculture; let arts flourish, let architects cover the land with temples and palaces; in order to defend all these riches, have first rate weapons, fleets of torpedo boats—if the population remains stationary, if it decreases yearly in vigour and in stature, the nation must perish. And that is why I consider that the first duty of a statesman is the care of Public Health.—Disraeli.

Department of Nursing Education

National Convener of Publication Committee, Nursing Education Section,
Miss EDITH RAYSIDE, General Hospital, Hamilton, Ont.

The Hospital's Obligation to the Student Nurse

By FRANCES L. REED, Director of Nursing Education, General Hospital, Montreal

One of the hospital's obligations to the student nurse is to equip her so that she is prepared to carry out the duties which she will be expected to perform when she has graduated from the school. The essentials for that preparation are: (1) She should be equipped to give efficient and intelligent bedside care to the sick; (2) she should have the knowledge and the desire to assist in teaching the prevention of disease; (3) she should have a foundation for any branch of the work which she may desire to follow; (4) she should be fitted to take her place as a useful citizen in the community.

The obligations of the hospital to the student nurse then would be to provide facilities for equipping the nurse to give the best possible service along these lines. How is this to be done?

The hospital itself should be standardized. Hospitals in olden days were houses for the sick. They had no standards to live up to, or that they were required to attain. In the present day it is found best to set down certain definite standards which hospitals, if they wish to be listed as accredited institutions and recognized as giving the best professional and scientific service to the community, must meet. Institutions of this grade are the ones which can best assume the responsibility of conducting schools for nursing, and, if they do, should establish for those schools standards as high as for the hospital itself. The smaller hospitals which have not the necessary facilities at hand should not attempt to maintain schools for nursing, unless through affiliation they can secure the required amount of experience and education necessary to keep the school up to the required standard.

The school should be looked upon as an educational institution, as is any other vocational school, the hospital functioning in giving experience to nurse students as to medical students. The nursing school should not be considered on the part of the hospital as a means of cheap labour. If because of financial difficulties the school provides the only means by which the hospital can keep open its doors, then the hospital's obligation to the nurse includes awakening the public to its responsibility towards the institution and school (which exist in response to the public's need), and enlisting their support in providing means to establish properly equipped nursing schools, and thus make it possible for the nurse to be educated along modern lines rather than upon the modified apprenticeship system which exists in many schools (a relic of ancient times), and which falls far short as a means of educating the nurse of today.

Why should nursing schools not be financially endowed as are other schools of learning? One of the important, though as yet little recognized responsibilities of the hospital towards the student nurse is just in this connection.

With the advances in medicine which have been made during recent years, a nurse to satisfactorily fulfil her duties and to give the highest type of service needs considerable technical and scientific knowledge. It is said that any calling requiring highly specialized technical training becomes in reality a profession, and

(Paper read by Miss Frances L. Reed, Reg.N., before the Hospital Standardization Conference, American College of Surgeons, Montreal, October, 1926.)

a profession is defined as an occupation that involves a liberal education.

Is there any other profession today of the same status as nursing and from which so much is expected that provides such meagre facilities for the education of its followers?

It is the obligation of the hospital, if the school is to be considered in the light of an educational institution, to provide a graduate nursing staff consisting of administrators, instructors and teaching supervisors, properly qualified to carry out the policies of the school and the education of the nurse, and of the type and character that will instil into the student the highest ideals of her profession and the spirit of service to the community, as a nurse and as a citizen.

Standardization of the hospital would assure adequate hospital facilities, such as approved daily number of patients, variety of services available, etc., but as well as this there should be provided properly equipped class-rooms and laboratories for the teaching of subjects fundamental to nursing practice in any of its branches.

The subjects should include as a minimum those necessary to qualify the nurse to practise in any state or province nearby. The class-rooms and laboratories should in equipment and numbers correspond to the same standard as other professional and educational schools of like standing.

There should also be an up-to-date, well-equipped technical library. Nursing schools have for so long been doing without so many of the essentials that the request for anything approaching the minimum amount required causes the hospital board to gasp for breath.

In most hospitals the present system of education for the student nurse provides a preliminary term of from two to six months. During that time, in the majority of cases, the student spends daily from two to three hours on ward duty, from four to five hours in class work, apart from study hours, and is supposed to get what recreation is needed to keep her physically fit outside of this.

After her preliminary term she is on full-time duty in the wards, which means anywhere from eight to eleven or twelve hours, with usually time for lectures, study and technical reading taken from her time off duty. Add to this the nervous strain associated with this work, and is it any wonder that many nurses cannot complete their training?

But it may be said that this is part of a nurse's life. She does that from a sense of service to humanity: she expected to sacrifice much when she entered the training school. I can assure you it is nothing but this spirit of service and self-sacrifice which has kept and is keeping our schools of nursing open to-day.

It is the obligation of the hospital not to demand from the student nurse in return for what she receives (which includes comparatively few hours of class instruction), hours of labour which tax the student to her physical limit and sometimes beyond, and which take so much life and energy from her that she has little left with which to make use of her hours off duty.

At the present time candidates are being accepted into nursing schools at a much earlier age than in former years. This is the only way, as far as can be seen, in which the supply can be made to meet the demand.

In these younger students the sense of responsibility is not always developed to a sufficient degree. Physically she is not able to stand the strain of the hours of duty which her sister of years ago could carry, and the present-day youth demands much in the way of outdoor recreation which she has been taught is essential to health and which she should have.

It is the obligation of the hospital to the student nurse to see that during the relatively short period spent

in receiving her nursing education her youth is not entirely taken from her. Why should it be in this any more than in any other vocational work?

The obligation under discussion includes the provision of sufficient staff; that is, graduate and student nurses and ward helpers to permit time for much individual supervision of the student; to permit the student being relieved of much of the routine ward duties (which are unnecessary from a point of view of education after she has once become proficient in their execution) so that she may give more time to the actual nursing care and comfort of the patient; to permit the student during her hours off duty time to observe and study treatments and cases and receive at least a portion of her theoretical instruction, and to allow the student a reasonable number of hours off duty for rest and recreation, without the patient being neglected.

It seems almost unnecessary in this day to mention that the hospital obligation also includes the providing for the student nurse comfortable, hygienic living quarters, with facilities for a reasonable amount of social home life and healthful recreation. In this connection also there should be kept in mind the youth of the present-day student and the outdoor life to which in the majority of cases she has been accustomed before entering the school. For this reason also the hospital's obligation includes to a greater extent than previously provision for considerable supervision and guidance in the recreational life of the student.

I wish in no way to give the impression that I am placing the patient second and the education of the nurse first, but that it is the hospital's responsibility to provide sufficient nurses so that the educational needs and the health of the student will not be sacrificed, and to emphasize the hospital's responsibility in the education of the student along broader and more liberal lines so that she may now and later give better service to the individual and to the community. Those in charge of her education and who share the responsibility of the hospital in turning the nurse out upon the public have given much thought and time to her needs; they have been working under great difficulties, very often without the sympathy and sometimes with but slight co-operation from those who could contribute much with but little inconvenience or effort to her enlightenment.

To sum up, the hospital's obligation to the student nurse is to do everything possible to provide and co-operate with those who are intimately concerned with her education, to the end that during her sojourn in the school she may develop physically, with strength to do and to endure; intellectually, with knowledge which is a power in the prevention of disease and the care of the sick; morally, with a great sense of her responsibility as a nurse and as a citizen, with a broad vision of what life may mean; with the ability to enjoy life in the truest sense; and, above all, that she may carry away from the school the true spirit of nursing.

Note: Discussion of the foregoing paper was made by Miss Ethel Sharpe, Reg.N., instructor Royal Victoria Hospital, Montreal, in the following paper:—

There are two points in particular in the foregoing paper which should be emphasized, and those are: the obligation of the small hospital to the student nurse, and the obligation of the hospital regarding the shortage of nurses on duty in the hospital wards.

By a small hospital is meant one of seventy beds or less. Before attempting to organize a nursing school it is the obligation of the hospital to the student nurse to study the needs of the nurse as well as considering the nurse as a means of

supplying its needs. Also, to have a qualified superintendent in charge of the nursing school. She may be a graduate of a small hospital, but should have prepared herself by post-graduate courses in larger hospitals, by a special course in nursing school administration.

To provide a qualified instructor and adequate teaching facilities and equipment.

To arrange with the doctors on the staff for special lectures, and to arrange for affiliations in services lacking in that hospital.

To have a residence large enough to provide for the accommodation of a sufficient number of students, so that they may attend classes and have time for study and recreation, without interfering with the care of the patient or the routine work of the ward.

The small hospital should not undertake to give students a nursing education or to maintain a nursing school unless it can fulfil these obligations. If, because of being too far from schools giving affiliations, or because of a lack of teaching facilities, a nursing education be not possible, then that hospital should employ a staff of graduate nurses.

Secondly, the obligation of the hospital in regard to the shortage of nurses on the wards. It has been stated that it is an obligation of the hospital to educate the nurse so that she will be equipped with the knowledge necessary to give intelligent bed-side care, which is the foundation of good work in any branch of nursing, whether it be private duty nursing, public health work or institutional work.

Does the hospital fulfil its obligations in this respect? Has it considered the shortage of nurses in relation to the care of the patient or the education of the nurse? Has the number of nurses on duty been increased as the demands upon the nursing service have increased because of the advance in scientific medicine?

Aseptic technic in surgery has added to the work of the nursing service, requiring trained attendance and careful attention to detail in the preparation for dressings and treatments. Specialization in medicine means specialization in nursing. Scientific procedures and scientifically proven methods are used in the treatment and diagnosis of certain diseases, such as basal metabolism, estimation in determining the favourable time for operation in hyperthyroidism, blood chemistry before operation and during the study of various conditions, administration of fluids into the body for overcoming certain conditions. All these require intelligent co-operation on the part of the nurse and take more of her time than ordinary nursing procedures, such as the administration of medicines or the application of a poultice or fomentation.

After a thyroid operation a surgeon may order the application of eight or nine ice bags, which must constantly be refilled, and which adds considerably to the work of the nursing service, or a physician may order seven or eight hot water bottles in treatment of certain conditions. The diet of many patients must be carefully estimated, weighed and charted. The daily intake and output must often be estimated and charted. In a metabolism ward, the nurse must instruct the patient on the ward concerning his diet. A patient suffering from a head wound or injury must have his blood pressure taken every fifteen minutes. There must be careful observation and charting of symptoms. A careful record of tests being made and treatments must be kept. The head nurse and senior nurse on the ward spend considerable time making rounds with members of the staff. The amount of work required from the nursing service has not been met with an increase in the number of

nurses on duty in a ward. The nurse of to-day is supposedly working under better conditions than the nurse of twenty years ago as her hours on duty are eight instead of eleven. But the nurse of to-day frequently remains on duty much longer than she should in order to give her patients the care they must have. When a nurse leaves the ward for time off during the day she is not replaced, and the nurses remaining on the ward must care for her patients as well as their own. In some departments of the hospital the nurse is still on duty ten hours. This is a long service for the young, still-growing girls who are keeping our nursing schools filled and our hospital wards open to-day.

There is a shortage of nurses in the hospital and there is no provision being made to increase the nursing staff. The nurse is receiving very little bedside instruction in the care necessary in the different diseases she will later be expected to nurse outside the hospital. Even if the head nurse had time to teach or there were a sufficient number of teaching supervisors provided to instruct the nurse while on the ward she could not spare time to be instructed unless she neglect her patients. The nurse still attends the majority of her classes in her own time off duty and away from the ward which is her laboratory, after having given eight hours or more of her time in service.

There should be a sufficient number of nurses so that the patient may be nursed instead of having only what is most necessary for him, so that the nurse may have time to learn how to nurse the sick—mind as well as body—instead of learning only how to skillfully carry out a number of nursing procedures for a number of patients. For this she should have time for instruction on the ward and time for study, recreation and the maintenance of her health. A depressed, tired or sick nurse has no beneficial or uplifting effect upon the patient in or out of the hospital. There should not be any lowering of her ideals because she sees the impossibility of carrying out the ideas of service with which she entered the school, and she should not be made to feel that she is not considered as a student, but only as a means of carrying on the work of the hospital.

The patient is the most important person in the hospital, which exists for his benefit. It is difficult to give the patient the care he must have, and the nurse the education she should have, and for which she is paying in service. Until the nursing service is supplemented in some manner, the student nurse will be on the ward much longer than is required for her education, as the patient cannot be allowed to suffer, and the result is the student is not receiving a well-balanced training.

It is the obligation of the hospital to increase the number of nurses on duty to meet the increasing demands upon the nursing service because of the scientific advance in medicine, because of the increasing number of departments in a hospital requiring nurses to staff them efficiently, and because of the necessity of educating the nurse to enable her to fulfil the modern requirements of her profession.

If the quality of the nursing care and the nurse's spirit of service are being criticized, is it altogether the fault of the nurse, or may it not in part be due to the shortage of nurses, resulting in a lack of education or an unbalanced education instead of over-education? Is it not a responsibility of hospitals to realize that the nurses are being criticized and to shoulder part of the blame and look for a remedy? The nurse who has given three years of her time in service to the hospital must not be sent out a failure.

Perhaps the time has come when the nurse must begin to pay in an-

Department of Private Duty Nursing

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Acidosis

By Dr. J. H. LAPOINTE, Ottawa

Acids and bases or alkalies are chemical substances that have the property of reacting one upon the other. As a result of such reactions the acids lose their acidy property. They are said to be neutralized.

If a diluted solution of hydrochloric acid be given in divided doses to an animal by mouth no untoward symptoms develop until the total quantity of acid given exceeds a certain minimum. Changes are induced in the metabolism, but there is no evidence of poisoning. This is because the acid is neutralized in the body by combination with bases, mostly sodium salts, which bases constitute the alkali reserve of the body. These alkalies of the body may be conceived as existing in two states: in an aqueous solution and otherwise. The principal site of the substances in aqueous solution is the plasma lymph and its extension into the cells, constituting the alkali reserve of the blood.

Alkaline reserve therefore indicates the potential alkalinity. It is the provision in which the blood takes its supply when it needs bases to neutralize acids, introduced as such into the body or products of organic metabolism. It is the mode by which the body reacts to acid intoxication and this acid-base neutralizing equilibrium is a contributing factor to the state of health.

The neutralization of acids by the alkali reserve is helped by the ventilation of the lungs giving off carbonic acid; by the kidneys' secretion of an acid urine, and by an increased production of ammonia, which acts as a neutralizing base. Any diseases in which the above are impaired tends to acidosis.

Furthermore, as the result of metabolic abnormality, there may be an increased production or liberation of acids by the cells, with a consecutive depletion of the alkali reserve or sometimes a primary alkali deficit, with an excess of unneutralized acids as a result: conditions creating a state of acid intoxiaction to which the name acidosis has been given.

Now acidosis does not always exist with the same intensity. Some states of acidosis are transitory and of short duration; others are grave and indicative of a greater degree of acid poisoning. How, then, is the degree of acidosis estimated? By a method first suggested by Van Slyke it is possible to estimate the alkali reserve of the body, and strangely enough the degree of acidosis is not estimated by the quantity of acids circulating in the body, but by what is left of the alkali reserve: the alkali reserve being the index to the gravity of acidosis.

This estimation is made in terms of volumes of CO_2 given off by 100 c.c. of blood, and 55 to 65 vol. of alkali reserve is considered normal for a healthy person. Between 53 and 40 vol. A.R. there is slight acidosis; between 40 and 31 vol. A.R. there is moderate acidosis, with symptoms; and with an A.R. inferior to 31 vol. there is grave acidosis.

Having seen the causes of acidosis, what then are the diseases in which symptoms of acidosis poisoning are observed? From the above it follows that conditions in which kidney or lung functions are impaired, diseases where deficient metabolism occurs, will produce acidosis. Of these we

*(A paper read before the Private Duty Section, Canadian Nurses Association, August 1926.)

will note: diabetes, uremia, acute nephritis, chronic diffused nephritis, asiatic cholera and diarrhoeic diseases of infancy (a contributing factor here is the increased elimination of alkali through the stool), poisoning from certain chemicals, severe burns, terminal stages of wasting diseases, post-chloroformic and ether anaesthesia.

A type of acidosis identical with that observed in diabetes occurs in fasting and during subsistence on diets that contain too little carbohydrates. Acidosis may follow any condition that leads to abstention or failure to retain an adequate ration, such as in hysteria, persistent vomiting, diseases of the oesophagus and the stomach. Acidosis develops more easily in children than in adults.

Acidosis may best be described by the clinical picture of diabetic coma, the prototype of grave acid intoxication. It is characterized by an increased depth of respiratory movements without cyanosis. Nothing indicates that the air on its way to or from the lungs has the least obstacle to overcome. Complete inspirations are followed by just as complete expirations of equal duration and separated by equal pauses, constituting the Kussmaul type of respiration characteristic of acidosis. There is a lack of any over-filling of the veins of the neck, no fever, on the contrary hypothermy is the rule, and the breath has a characteristic odour of acetone. The contrast between the strength of the respiratory movements and the general weakness is a very striking feature. The onset of this coma may be sudden and quiet, but it is generally preceded by symptoms which are signs of lesser acid poisoning and beyond which some patients do not go as their degree of intoxication is not sufficient to bring about coma. Such symptoms are those of gastric hyperacidity, nausea, vomiting, bilious or mucous, sometimes with the typical acetone odour, and diarrhoeic crisis. There is severe epigastric pain, aches in the muscles, with dull, heavy feeling in the head. The patients sometimes are at first agitated and loquacious, but more usually they are depressed outright with an invincible tendency to sleep, gradually leading to coma.

Now that we have considered what acidosis is, how its intensity is estimated, the diseases during which it may occur, its clinical symptoms, let us see what information might be had from the laboratory.

The laboratory findings of acidosis, besides the estimation of the alkali reserve, are those of urine analyses and are of the greatest importance, since they are indicative of the intensity of the acid poisoning.

The first alarm giving information supplied by the laboratory is the presence of acetone in the urine. Next, and indicating a more advanced acidosis, the appearance of diacetic acid; and finally, betahydroxybutyric acid coinciding with an imminent or actual coma.

Bearing in mind the order in which the above appear, namely acetone, diacetic acid and betahydroxybutyric acid, a few physiological observations may be made that will help in a better understanding of acidosis due to a deficiency of metabolism and the treatment of acidosis and precautionary measures to be taken against it will be understood more easily.

The fat molecule in the metabolic disintegration it undergoes in the organism is submitted to a series of subsequent oxydations which ultimately lead to the production of carbonic acid and water. Though rapid, this transformation is evolved by a great number of different stages of oxydation. The stage just preceding carbonic acid and water is acetone; the stage preceding acetone, one of lesser degree of oxydation, is diacetic acid. The one preceding diacetic acid, and of still less oxydation, is betahydroxybutyric acid. The one still further away, butyric acid; and so on. For the purpose of this demonstration it is not necessary to go any further. Each of these substances may be considered as an arrest in the oxydation process of the fat molecule.

(Concluded on page 32)

Department of Public Health Nursing

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Responsibility of the Laity for Public Health

By ADELAIDE M. PLUMPTRE

Considered in terms of health the modern community may be seen as Dante saw the nether world, as a series of concentric circles.

In the innermost circle against a background which looks like a composite photograph of Ottawa, Queen's Park, Quebec, Edmonton, Halifax and other seats of governmental activity, may be seen cabinet ministers in whose hands are the mysterious documents known as the portfolios of health. The figures are slightly blurred, as if they had moved at a critical moment, but it is possible to discern that some of them are obviously chosen on account of their specialized health knowledge and experience; and some, apparently for other reasons. Mention is made of this merely to show that there are some non-professional persons holding high offices in respect to health, even in governmental circles, which would seem to indicate that the non-professional has a place even in the administration of health measures.

The next circle contains figures which are far more distinct and permanent in appearance. These are the professional officials: administrators, physicians, surgeons, nurses, dentists, research workers and sanitarians. These are the experts, upon whose advice public men and public bodies, if they are wise, depend for the framing of health measures and for their administration. They are the people who are always widening the bounds of knowledge; specialists in various lines; in the words recently quoted at the Pan-American Red Cross Conference, they are the people who "constantly know more and more about less and less!" Practically, almost all these are men and women whose reach exceeds their grasp; their usefulness to the public is limited by the extent to which they are able to convert convictions into cash; and by the appropriations secured in competition with half-a-dozen competing departments or committees. Much of their time is spent in preaching the value of the health measures which they are longing to practise. The measure of their usefulness is the measure of the intelligence of the public whom they serve!

The circumferences of these two inner circles are clearly defined; there is no difficulty in assigning members of a government and officials of government departments to their proper place among the circles; but at this point the definiteness ends. The boundary line between the next two groups is far more difficult to draw; sometimes it seems non-existent; sometimes it is obscured by persons passing from the outer of the two circles into the inner. They are both far larger and far more thickly populated than the first two inner circles: together, they make up what is usually called the general public! But it is not always recognized that there is ever in the general public at least two groups.

In the inner circle is a group which speakers on public health are accustomed to address as "this intelligent audience," and they have

(Address given by Mrs. Plumptre at the C.N.A. meeting, Ottawa, Aug., 1926.)

at least the claim to intelligence that they know enough to come together to listen to speakers on health subjects! Closer observation of the figures in this group will reveal in their faces a common feature of interest in health matters. Looking again, it is noted that many of them wear the pins or carry the cards of membership in voluntary organizations, more or less closely connected with health. Many of these organizations exist solely for the promotion of good health, either, like the Red Cross, for any form of good health; or, like the Councils for Mental Hygiene, or Child Welfare, or Social Hygiene, for the promotion of some specific form of good health. Other organizations, although not specifically formed for health purposes, yet include the promotion of health in their programmes of study and activities. Such are the Imperial Order of the Daughters of the Empire, the National Council of Women, the Women's Institutes, the Boy Scouts and Girl Guides, Social Service Workers, the Rotary, Kiwanis, Lions and other clubs. In this circle, also, are the voluntary organizations of professional health people, such as the associations of doctors, nurses, dentists, health officers, and persons dealing less directly with certain aspects of health, such as dietitians, occupational therapists, masseurs, physical educationists, sanitarians, and so forth.

It is, of course, obvious that there is a vast distance in between the knowledge of the last-recruited Wolf Cub or Brownie and the president of the Canadian Medical Association or the president of the Canadian Nurses Association, but the figures within this circle have the common bond of being voluntarily united in an organization which gives some definite support to promoting the good health of the community. The leadership in this group falls naturally to those associations of professional people already enumerated; but in the non-professional groups there are to be found thousands of followers upon whose support the departmental and even the governmental officials must depend for the success of their efforts.

It has already been stated that the utility of the health officer in a community is limited by the intelligence of that community: and in this case, the community must "cash in" its intelligence in the form of rates and taxes. We can have the public health for which we are ready to pay; but before we are ready to pay, we must be convinced that we need to purchase: to put it in modern slang, "we must be 'sold' to a good health programme."

Here, precisely, is the value of the organized bodies of citizens under the leadership of the professional associations: they know what to demand and how much it is likely to cost; they are convinced of the value of good health measures and administration and they steadfastly refuse to allow good roads, or better pigs, or finer buildings to interfere with this fundamental need of their community. Within this circle are to be found all those laymen and laywomen who perceive and desire to discharge their responsibility to the promotion of good health. Here they can find the comrades who are so fully convinced of the need of progress in some particular direction that they are prepared to collect funds and carry out projects far in advance of those of which city councils or even parliaments can be expected to approve. They can constantly enlarge the circle of the interested and intelligent laity by their wide-spread educational efforts; they can use their collected funds to demonstrate to the uninterested, unintelligent public the value of the measures, advocated by the officials and experts, for which public funds are not yet forthcoming. Looking back on the history of the growth of education or public health or

social welfare, non-professional lay people can take courage from the number of good movements, now received and endorsed by public opinion and incorporated in governmental policies, which owe their inception to the efforts of a few convinced voluntary workers who all had the same bee in their bonnets!

And now the last group, and, alas, still the largest and most thickly populated of the circles of the community: the general public which is not awakened to the value of the public health and which is not yet very sure what public health means. Possibly those who meet most frequently other people within their own circle and not many outside it, often forget or do not know how vast is the volume of ignorance and indifference to public health and kindred subjects. Perhaps those who work intimately in the homes of the poor meet this condition more frequently than others; but the only reason that it is met there more frequently than in the homes of the better off is because they do enter these poorer homes in this intimate manner. In homes full of good taste, with garages protecting vast cars, there are to be found people who put dusty cobwebs on open wounds, who never allow children to eat wholewheat bread because it is "so indigestible," who put soda on green vegetables "to counteract the acids," who hope to cure ringworm with ink, who ask that Mary may be excused physical education "because I want her to be ladylike!" and who say that Johnny cannot join the Junior Red Cross "because the night air is so injurious!"

The people in this circle hold the purse-strings of the community: they out-number and out-vote the intelligent ones in the inner circles. Here, then, is the great field in which all of these in the other circles can invest their energies and exercise their persuasive powers. Daily, but very slowly, the numbers in this circle are diminishing and swelling those of the inner circle. It is the responsibility of the intelligent laity to speed up the movement.

The responsibility of the laity seems to be to remember that they are laity, and to realize that the ultimate responsibility for health measures lies in the government—official bodies — and that leadership in thought and action should be sought, and will almost invariably be found, in the ranks of the experts and professionals. And yet to remember also the responsibility of the laity for creating the atmosphere in which good health measures may be initiated and carried out, and for obtaining, as far as possible, a working knowledge of what their communities need and what they can reasonably aim at getting.

Let us dwell on this point for a moment. After only a very short experience of public life in an elective body the writer is acutely aware of the predominating importance of expenditures in the eyes of the public. Voluntary associations sometimes as social workers demand reforms for which not even they themselves in the capacity of taxpayers are ready to foot the bill. Those who urge advanced legislation or increased administrative expenditure upon public bodies should first figure out carefully the probable effect of the proposed change upon the tax-rate, and should further estimate the proportion of ratepayers, who are also voters, who might be expected to support such a policy. It is the people in the outermost circle who really settle what shall be the policy of public bodies: the surest way to effect advance in social welfare of all kinds is to enlarge the circumference of the third circle and eliminate the fourth altogether! In this work, the influence of the third circle is indispensable: to a large extent they must be the "loud speakers" for the inner circles.

And in the solution of some of the other problems facing the official and professional circles, the intelligent laity may give valuable assistance. The relation of the medical and nursing professions to such groups as the masseurs, the physical educationists, the dietitians, the social workers, and the part which each group should play in promoting the welfare of the community present problems in which the laity may give valuable advice and assistance. Even the venerable puzzle of the relation of the domestic help problem to that of nursing is not yet solved, although interesting experiments are being made for its solution. The function of the midwife as a factor in the solution of the lowering of infant and maternal mortality is another question upon which non-professional associations may claim to have an opinion.

(Continued from page 28)

Now if these arrests in the disintegration of fat are compared with the laboratory findings of urinalysis in acidosis it will be seen that they are the same identical bodies. It can now easily be concluded that any condition which impairs the complete combustion or oxydation of the fat molecule tends to acidosis by stopping the process of disintegration before it reaches its ultimate state of carbonic acid and water; and that the lesser the oxydation the graver the acidosis.

Bearing this in mind, it is easy to understand why fats are ketogenic bodies—or bodies that may produce acidosis; why carbohydrates are anti-ketogenic bodies—or bodies that prevent the formation of acetone, diacetic acid and betahydroxybutyric acid. For carbohydrates are ultimately stored up in the liver as glycogen, and glucose derived from this glycogen is the great oxydizer of the body. "In the flame of the carbohydrates burns the fat of metabolic process." Any condition which impairs the utilization or production of this glucose tends to acidosis.

So now we know why a diabetic patient should have a minimum ration of carbohydrates. We realize why, in fasting, in wasting diseases, or in conditions where a sufficient ration is not had or retained—as in hysteria, persistent vomiting, cancer of the oesophagus or the stomach, conditions in which the body depends on its own protein and fat for subsistence—there are symptoms of acidosis. In post-operative acidosis the effect of the anaesthetic on the liver, with a consecutive deficiency in its glucose-regulating function, helps to create acidosis.

In view of all the above facts the treatment of acidosis will now appear simple and logical.

Since carbohydrates are anti-ketogenic bodies, mild forms of acidosis are treated by a diet containing carbohydrates, with oral administration of sodium bicarbonate to replace the bases of the depleted alkali reserve.

In more pronounced acidosis, administration of glucose and sodium bicarbonate by mouth—or preferably by intravenous injection, and if the latter is impossible by means of the Murphy drip—will generally bring about normal conditions.

Finally, in the advanced stages of acidosis and coma the marvellous discovery of insulin enables us to bring back to life patients who not so long ago were doomed—since their organisms had lost the power to utilize the glucose given them even in the most heroic ways.

As associates of the medical profession, as the physicians' first-lieutenants, nurses may rejoice that through the advance of medical knowledge we are now better able to help acidosis patients. For, as the poet Zomacois has said:

"It is still yet something to be proud of,
Being unable to create, to prevent
from dying."

Private duty nurses will please note the letter on page 45 to the Editor from the Chairman Private Duty Section, D troit District of Michigan State Nurse's Association.

WHY OUR BABIES DIE

In 1925 Canada (exclusive of the Province of Quebec) Lost 12,155 Babies under One Year of Age

WHAT CAUSED THEIR DEATHS?

	Number	Percentage Distribution
Causes Related to Early Infancy	5639	46.4
Congenital Debility 1228		
" Malformations 993		
Premature Birth or Injury at Birth 3418		
5639		
Diseases of the Respiratory System	1921	15.8
Influenza 383		
Bronchitis 94		
Pneumonia 1444		
1921		
Diarrhoea and Enteritis	1556	12.8
Epidemic, Endemic & Infectious Diseases	604	5.
Convulsions	364	3.
Tuberculosis	120	1.
Meningitis (Simple)	109	.9
Hernia and Intestinal Obstruction	95	.8
Syphilis	43	.4
All Other Diseases	1291	10.6
Cause Not Stated	375	3.1

Thousands of these Deaths can be prevented by

MOTHERS BREAST-FEEDING THEIR BABIES and by COMMUNITY PROVISION OF

Adequate Ante-Natal Service
Adequate Care at Time of Birth
Adequate Post-Natal Care
Adequate Infant Health Service
Adequate Supply of Inspected Pasteurized Milk

The Canadian Council on Child Welfare

Publication of The Child Hygiene Section, compiled from the Vital Statistics Preliminary Report, Dominion Bureau of Statistics, Ottawa, Canada.

Department of Student Nurses

Convener, Miss M. HERSEY, Royal Victoria Hospital, Montreal.

Dr. Barnardo's Homes

By HELEN KING, Vancouver General Hospital Training School for Nurses

This is a huge subject to contemplate reducing to a short article, and a great difficulty arises as to what to leave out, for so much materializes in one's mind at the thought of that vast organization. It is a valuable possession of the British nation and a familiar word upon the lips of the smallest children, but it is given only to those who actually work in the homes to know and appreciate their tremendous value.

It will give some idea of the size of the homes when it is said that the Boys' Village Home at Woodford Bridge has about 700 boys under fourteen years of age; the Girls' Village Home at Barkingside, 1,000 (approximately) girls, and the "William Baker" technical school at Goldings in Hertfordshire with about 300 boys over fourteen, each of whom besides being educated receives a sufficient training in some trade to equip him for making his way in the world. In addition to these there are numerous smaller homes in various parts of England; a home for the blind, deaf and dumb, with special teachers, a home for delicate girls in Wales, a home for delicate children at Birkdale, where the Yorkshire breezes blow new life into them; homes at seaside resorts where children can have a holiday after illness, a home for cripples (and there are many of them), a home in the beautiful island of Jersey for boys who are not so strong as they should be, a home for sick and ailing babies at Hawkhurst, and the naval school in Norfolk.

The children admitted to the homes are not necessarily orphans, although many of them are; some have the background of a history into which it is better not to inquire, whilst others are of good families, but being orphaned or having a parent unable through sickness or other misfortune to support them are in danger of destitution. The fact that a child is destitute or in need is sufficient to gain his or her admission into the homes. There is very little "red tape," few questions are asked and the child is admitted whether in health or sickness. Sometimes in after years parents find themselves in a position to support their children, in which case the reclamation is as easy as the surrender. The children are allowed to go home for holidays at Christmas time and in the summer.

Children are brought to the homes by school care committees, children's care committees, or handed over by the authorities after police court cases, and there are members of the staff of the homes whose business it is to look out for destitute children in order to preserve them from a life of vice, dirt and disease.

If Dr. Barnardo **could** only see the growth and benefit of what he started by his initial interest in one small boy of London who had no home!

I think there will come a time when Barnardo's will become like Christ's Hospital; people will compete and struggle to get children admitted because it is (and will be more so later on) one of the best institutions for children in the world. Every child is given a sporting chance to make good. There are difficulties to overcome, as every class has its black sheep; some are bound not to do well, but those who do well and become good citizens are so many that the

few who fail may be forgotten. The Homes develop the best in the children; those who are brilliant are given both encouragement and opportunity, while all those who have wrong-doing ingrained in them the Homes make a little better than they would have been if left to their own devices without any teaching. The beautiful surroundings of the Homes, the influence and the clean life must have some good effect!

The medical supervision is one of the strongest points; some of the best surgeons and specialists are constantly making raids on undesirable teeth, appendices, tonsils and crooked legs, and no expense is spared in cases of sickness or need of equipment for the sick. Every child is watched most carefully and the authorities on the medical side are alert for the first appearance of any rash. No chances are taken. Everything is up-to-date and efficiency the last word.

Special mention may be made of some branches of the Homes: The naval school in Norfolk, a huge house run like a battleship, with its captain, officers and petty officers, and the brownest, happiest bluejackets in the world. The William Baker technical school, a beautiful Tudor mansion set in its park and grounds; its playing fields, workshops and school rooms, run on the lines of a good British public school, with its libraries and everything to make the work interesting. So it goes on; every branch of the Homes perfectly equipped for its special duty towards its large family. The Boys' Village Home at Woodford is one of the happiest places. The village consists of forty or fifty cottages, each capable of holding about forty boys, graded in ages from fourteen down to the little chap who is the cottage baby. There are two cottage matrons in each cottage to look after the boys in the matter of tubbing them, keeping their clothes mended (some of the boys darn their own socks) and getting them off to school in time. The cottages are very pretty, with latticed windows and old-fashioned in the extreme, each in its own garden, bright with flowers. Inside each is spotlessly clean, with polished floors and all planned for convenience. The playroom is cheerful, with a big coal fire in winter, big windows to catch all sunshine, books and probably a piano. The meals are all served in a huge central dining hall, but at Christmas each cottage gives a party and invites guests from other cottages. The swimming bath is the great attraction on summer evenings and squeals of delight meet the ear from that direction.

It seems wonderful that such a huge concern can be kept up entirely on charity and voluntary contributions. Anyone who loves children would derive enjoyment never to be forgotten from a visit to one or more of these cottages.

"I REMEMBER, I REMEMBER!"

(Year Book T.G.H., 1926)

I remember, I remember,
Burnside where I was born,
The nurse in starched and spotless cap,
Who bathed me every morn.
The blue beads with my name
About my neck were fixed:
I never had a chance to be
An heirling, cradle-mixed.

I remember, I remember,
The sterile olive oil,
Whose scent was wafted to my cot
Where I stay snug and warm.
The buzzing of the door-bell,
The thud of rubber heels,
The rustling of the nurses' skirts,
And fellow-infants' squeals.

I remember, I remember,
The sounding corridor,
The strip of rubber matting
That lay along its floor.
Though length of days may bow my head
And other memories fail,
I shall ne'er forget the Nursery
Where I was—Baby Bunting—Male!

—Kathleen Wilson and Bessie Yule.

Book Reviews

A Text Book of Anatomy and Physiology for Schools of Nursing, Normal Schools and Colleges, by Jesse Feiring Williams, M.D., Professor of Physical Education, Teachers' College, Columbia University, New York City: W. R. Saunders Co., publishers, Philadelphia.

In the preface the author states that the book seeks to awaken the interest of the student. With this in mind embryology is given a prominent place in the text and prepares the way for the study of the systems of the body, the nervous system being considered before the visceral systems. Special emphasis is given to the anatomy and physiology of the child.

The recommendations of the Standard Curriculum for Schools of Nursing have been followed and the problems of teachers kept in mind in the determination of the essentials of anatomy and physiology for nurses.

At the conclusion of each chapter there are practical exercises, questions and a list of references for the use of teacher and student. There are three hundred and sixty-nine illustrations in the book, twenty-six of which are in color.

The book is worthy the consideration of teachers in nursing schools for use as a text book and as a valuable addition to the reference library.

The Human Body, by Marie Carmichael Stopes, Doctor of Science, London; Doctor of Philosophy, Munich; Fellow of University College, London; Fellow of the Royal Society of Literature and the Linnean and Geological Societies, London; President of the Society C.B.C. and Racial Progress.

This book discusses the physiology of the body under various headings, such as general architecture, movements of the body, daily replenishing, the body in its relation to its environment through the senses, the body and the race, the brain and the intellect in command.

The book has fifty illustrations and colour plates. The subject is presented in a clear form and should be helpful to those who wish to acquire information concerning the physiology of the human body. It has apparently been written as an aid to parents or those interested in the instruction of young people.

The Normal Child: Its Care and Feeding. By Alan Brown, M.D., Physician-in-chief to the Hospital for Sick Children, Toronto; Associate Professor of Medicine in charge of Pediatrics, University of Toronto; Consulting Pedialist to the Provincial Board of Health, Ontario: 265 pages. Illustrated. Published by McClelland & Stewart, Limited, Toronto. Price $1.25.

The subject matter of the book is up to date and has been compiled to meet the needs of a mother in the training of the child and in maintaining its health, and, as an aid to the nurse and student of children.

The daily care of the child of the different ages is clearly and definitely outlined. The book includes chapters on the nursery, the clothing of the baby and the older child, the growth of the infant, the feeding of the infant and of children, proprietary foods, travelling with a baby, discipline and education and common diseases of children.

The book gives modern scientific knowledge of the training and management of child life in language which is readable and easily understood and should be extremely useful not only to parents but to nurses.

THE OXFORD HOSPITAL

The Times (England) Literary Supplement of October 21st, 1926, contained a review of a book entitled **The Radcliffe Infirmary** (Oxford, England), which hospital was opened in the year 1770. In conclusion the writer said:

To understand how such things (referring to cases of neglect of patients mentioned in the history under review) could happen, we must know something of the conditions of nursing in an eighteenth-century or early nineteenth-century hospital.

The vast improvement that has resulted to the health and happiness of the population of this country by the improvement in the character and training of hospital nurses is probably very seldom realized, even by medical men. Yet it may reasonably be doubted whether all modern medical and surgical advances together—apart from Preventive Medicine and Infant Hygiene—have saved as many lives as the reform of nursing.

At the Radcliffe Infirmary the salary of a nurse was £5 a year. There was no distinction between a nurse and a domestic servant. One nurse only was the allowance for a ward of seventeen patients. A nurse's day began at six. The wards were cleaned till seven, when a bell was rung and each nurse had to bring down her ashes and sift them under the direction of the porter, who then gave her coals for the day. She took breakfast with the patients, who helped her, so far as they were able, with the ward work. At 2 p.m. the nurse went to the servants' hall, where she had her dinner in company with servants on daily hire. During dinner the ward was left unattended or in charge of a patient. After dinner she took away with her a plate of meat and vegetables for her supper. For the night there seems

to have been normally only one nurse or watcher for the whole hospital. There were no regular holidays, and the nurse was never permitted to leave the hospital before six in the evening. Despite official condemnation, the practice of nurses receiving gratuities from patients was continued at least until 1870. Those patients who wished to secure the early attention of the nurse in their dressings gave tips, or presents, and those who did not frequently had to wait. What kind of woman could such a system produce? That some of the nurses, at least, were kind and skilful is evidence for the natural goodness and wisdom that reside in the human heart. Many can have been little better than Betsy Prig or Sairey Gamp. Few of us are fortunate enough to go through life without at some time needing the ministrations of a sick nurse. Stories such as these give some idea of the horrors from which we have been delivered by the reform in nursing.

(Continued from page 26)

other form than service for what she receives, so that the dignity of her profession may be recognized from an educational point of view and so that her service in the hospital may be arranged for her training. In the meantime it is an obligation of hospitals to enlist public support so that training schools for nurses may become nursing schools, providing a well-organized, well-balanced nursing education for the students, and an adequate staff to give the patients the nursing care they should have.

Iodine

The iodine that is found in certain marine plants is two hundred times as effective as inorganic iodides in its power to bring the thyroid gland back to normal. Dr. J. W. Turrentine, of the United States Bureau of Soils, who told of his researches at the meeting of the American Chemical Society, said that small doses of iodine-bearing substances coming from seaweed cured simple goitre. The symptoms of iodism that often result from using inorganic iodides were lacking and there were no disturbances such as result from taking thyroid gland preparations. It appears that the iodine is present in a colloidal form in the marine plants and is absorbed very slowly by the digestive tract. This lessens the chance of over-dosing.

(*Science Supplement*, September 10, 1926.)

News Notes

ALBERTA

EDMONTON

Among the many functions at which Miss Elizabeth Smellie was guest of honour during her recent visit in Edmonton was a tea at the Chateau MacDonald, arranged by the public health nurses.

Several nurses from Edmonton attended the conjoint convention of the Alberta Hospitals Association, the Municipal Hospitals and the Alberta Association of Registered Nurses, among the number being the Misses Guernsey, Clarke, Emerson, Gould, Baird, Christiansen, Watherston and Agnes McLeod.

Mr. and Mrs. Nathaniel Edwards, who have been living in Winnipeg for the past few years, have returned to Edmonton.

Miss Amy McNish, who spent the summer on her ranch near Spirit River, has returned to Edmonton for the winter.

Miss Mary McCuaig, of the staff of the Jubilee Hospital, Victoria, B.C., who has spent the last few months in Ontario, was in Edmonton for a day recently on her return journey to Victoria.

Mr. and Mrs. Clifford Trueman, of Portland, Oregon, will shortly be making their home in Vancouver. Before her marriage Mrs. Trueman was Miss M. Wilkins, of the public health staff of Edmonton.

BRITISH COLUMBIA

VANCOUVER

The Public Health Committee of the B.C.G.N.A. held its first get-together supper of the season Nov. 23rd. Miss Elizabeth Smellie, chief supt. of the V.O.N. for Canada was the speaker of the evening and gave an interesting account of some of the outstanding features of nursing activities in the east. Fifty-six nurses were present.

The December meeting of the V.G.N.A. was held at the new nurses' home, V.G. Hospital. Miss K. Ellis presiding. An address on cancer was given by Dr. W. B. Burnell. The unnecessarily high mortality from this disease, the need of educating the public to the value of early diagnosis and treatment of any condition from which cancer might develop were strongly emphasized. Other points mentioned were various recent methods of treatment and scientific progress in regard to the cause and treatment of the disease. There was a good attendance and the lecture was very much appreciated.

The many friends of Misses Helena Fralick and A. M. Haines will regret to learn that they are confined to the General Hospital.

Miss Jessie Wilson has returned from a long visit to friends in the east.

St. Paul's Hospital

Miss M. Zink, 1923, visited in Vancouver the first week in December.

Misses A. James and M. McLennan are on an extended visit to Honolulu.

Mrs. Normandin (nee M. T. Koenig, 1920), whose husband met with a fatal accident, in Oregon, will return to Vancouver shortly.

The Alumnae extends its sincerest sympathy to Miss Margaret Wilson in her recent bereavement in the death of her father.

MANITOBA

BRANDON

On the evening of November 17th the home of Dr. and Mrs. Pierce was the scene of a happy party, when Mrs. Pierce, assisted by Mrs. (Dr.) Sharpe, were hostesses at a silver bridge. The proceeds, amounting to $70.00, were added to the sum already raised by the Graduate Nurses Association for the purchase of a quartz lamp for the children's ward at the General Hospital.

The board of directors of the General Hospital entertained at a banquet and conference at the hospital on November 25th, when the medical staff and graduate nursing staff were their guests.

The monthly meeting of the Brandon Graduate Nurses' Association was held at the General Hospital on December 3rd when the members were delighted to have as their speaker Miss Elizabeth Smellie, chief superintendent, Victorian Order of Nurses. Miss Smellie sketched in a very interesting manner recent happenings in the nursing world and public health conditions from coast to coast. During her all too brief visit she was entertained at the tea hour by Miss Mitchell, of the Mental Hospital, in the spacious rooms of the nurses' home. The guests included overseas sisters and others interested in health activities.

ST. BONIFACE

St. Boniface Hospital

Miss Alice Chafe, who has been on the Deer Lodge Hospital staff for the past two years, has accepted a position in the English Hospital, Mexico City.

Miss Marion Oliver is doing missionary work at All Saints Hospital, Aklavik, N.W.T.

Miss A. Kessler is in charge of the operating room, St. Joseph's Hospital, Winnipeg.

Miss A. Laporte, 1923, who has recently taken post graduate work at McGill University, has accepted the position as superintendent of nurses, Misericordia Hospital, Winnipeg.

Miss Price has accepted a position on the staff of the Swift Current Hospital.

Sympathy is extended to Miss Tillie Chambers on the death of her mother, Nov. 4th, 1926.

NEW BRUNSWICK

MONCTON

A meeting of the local chapter of the New Brunswick Association of Registered Nurses was held in the board room of the Moncton Hospital on the evening of December 4th, with eight members present. The committee, under the convenership of Miss Roberta Gunn, in charge of arrangements for the dance recently given in the K. and P. Hall, reported net proceeds of $125.00. Part of this was used for Christmas remembrances for members of the profession who were ill at the time. The members desire to acknowledge with thanks a gift of $5.00 from a friend of the association.

Miss Nellie Brydges (Moncton Hospital) is very ill at her home in New Glasgow. Miss Mildred Lyons has gone to nurse her.

Miss Mary Walsh (Moncton Hospital) is a patient in the Moncton Hospital.

Miss Annie Mullins, New Glasgow; Miss Hazel Crossman, Amhurst, N.S., and Miss Kathleen McFadden are nursing in Moncton.

Miss Helen Henderson is nursing in St. John.

Miss Myrtle Kaye is visiting friends in St. John.

SAINT JOHN

Mrs. A. O. Burnham, who was operated on in the General Public Hospital some time ago, has returned to her home in Riverside. Her many friends will be glad to know that she is making so speedy a recovery.

Miss Maida Hoyt, who has been night supervisor at the General Public Hospital for four-and-a-half years, has resigned. Mrs. Grace Lewin has been appointed to the position.

Miss Doris Robinson has accepted the position of nurse-in-charge of a floor at the General Public Hospital, replacing Mrs. Lewin.

NOVA SCOTIA

The graduation exercises of the Nova Scotia Hospital, Dartmouth, N.S., were held November 17th, 1926. Hon. W. L. Hall, Attorney General, N.S., presiding. Diplomas were presented to Mrs. Brenda Douglas, Misses Beatrice Elson, Pauline Butler, Jean McDonald, Edna Fry, and Mr. Edward V. Smith. The address to the class was delivered by Dr. H. K. McDonald. Prizes were awarded as follows:—The DeWolfe Medal for highest aggregate during the three years of the course, to Miss Jean McDonald; the medal for the highest aggregate in the senior year, to Miss Pauline Butler; the prize for Surgical Nursing, to Mrs. Douglas; the prize for practical work, to Miss Edna Fry, and Miss Bertha Lowe received a prize for the highest aggregate in the junior year.

During the evening a reception and dance was held for the graduates and their friends.

Twenty nurses received their diplomas from Hon. G. S. Harrington, Minister of Public Works and Mines, at the annual graduation exercises of the Training School for Nurses of the Victoria General Hospital, Halifax, N.S., on November 23rd, 1926. The graduation of the new nurses was attended by a large audience; addresses were delivered by Hon. Mr. Harrington, Rev. Father McManus and Dr. K. A. MacKenzie.

A feature of the exercises was the presentation of three prizes to graduates who during their years of training attained the highest proficiency in their work. The medal donated annually by the clergy of St. Mary's Cathedral was presented by Rev. Father McManus to Miss Jean M. Munro. The prizes donated by the Alumnae Association of the Victoria General Hospital were presented by the president, Miss Belle King, to Miss Ethel Warner and Miss Josephine Johnson. Each graduate was the recipient of a handsome bouquet of flowers. Two members of the graduating class were unable to be present. The following received the diplomas of their school:—Misses Jane Allen Kuhn, Amy Louise McKenzie, Jean McElvie Munro, Kathleen Blanche Harvey, Irene Margaret Redmond, A. Grace Knox, Annie Welton Foster, Freda Muriel Himmelman, Mary Margaret Hallett, Josephine Alexandria Johnson, Stella Florence Keyes, Elsie Grace Spencer, Ethel Katherine Warner, Margaret Lillian Taylor, Evelyn Pearl Hiltz, Edna Violet McInnis, Annie Freda Morrison, Messrs. Charles Kinley Gordon, John Leonard McNeill, Sydney Bert Roberts.

On November 24th, the graduating class were entertained at dinner at the Carleton Hotel, followed by a theatre party at the Majestic.

The board of governors of the hospital gave a dance at the nurses' home for the graduating class and their friends, together with the staff of the hospital, on November 25th, and this brought the graduating festivities to a close.

The nurses of Dalhousie Public Health Clinic, Halifax, entertained their friends

at a very enjoyable dance on December 1st, 1926, 150 guests being present.

Miss Catherine Graham, of the Massachusetts-Halifax Health Commission, who has been confined to her home for some weeks as the result of a sprained ankle, has returned to duty.

Miss Anna R. Hillcoat, of the nursing staff of Camp Hill Hospital, Halifax, left for her home in Amherst, N.S., where she intends to remain for the winter. Previous to her departure, Miss Hillcoat was presented with a gift from the patients and also one from the nursing staff, in token of the high esteem in which she is held by them.

Miss Johns has taken a position with the Community Health Association of Boston.

Miss L. McInnis is at present engaged with the Sun Life Assurance Co., of Boston, Mass.

ONTARIO

BRANTFORD

Brantford General Hospital

The regular meeting of the Alumnae Association was held in the nurses' residence on the evening of December 8th. The usual business was transacted, it being decided that the executive should meet with the committee appointed to determine what sum would be donated by the Alumnae toward equipping the prospective Formulae Room on the children's wing of the hospital. At the close of the business hour the Rev. Mr. Easton related a beautiful Christmas story, and enjoyable musical numbers were rendered by Mrs. Duff, supervisor of the O.R. Refreshments were then served.

Miss Pearl Moscrip is nursing in the Women's Hospital, 1946 E. 101st St., Cleveland, Ohio.

Miss A. Jenkins is on the staff of the Mary McClellan Hospital, Cambridge, N.Y.

FORT WILLIAM AND PORT ARTHUR

The Registered Nurses' Association held a mass meeting in Fort William Collegiate Institute on November 2nd. Miss Elizabeth Smellie, chief superintendent of the Victorian Order of Nurses (and a former local girl) was the speaker of the evening. Miss Smellie explained the work and object of the Victorian Order and emphasized the fact that much good could be done by the organization of a local unit of the Order. A well-arranged musical programme added to the evening's entertainment.

Miss Christine McLeod, Reg.N., who has been on vacation in Fort William left recently for New York City, where she has accepted a position in Bellevue Hospital.

The Registered Nurses' Association entertained at a very successful bridge and "500" party in the Wallace Hall on the evening of November 4th. The members of the executive acted as a reception committee, and after cards delicious refreshments were served by the entertainment committee.

HAMILTON

Hamilton General Hospital

Miss Maud Macfarlane has resigned her position at Mount Hamilton Hospital.

Miss Muriel Carter is in charge of Q.A. VIII and Miss Margaret Buchanan of Ward II, General Hospital.

Miss Kathleen Reid has resigned from the staff of the General Hospital and has left the city.

Miss Anna Thompson has returned to private duty nursing, after spending several years in the hospital at New Liskeard.

Miss Reynolds and Miss Margaret Hickey have returned to California.

Miss Janet Elliott is at present in Edmonton, Alberta, but will leave shortly for Los Angeles, where she will remain indefinitely.

Miss Evelyn Almas, who has been on the staff of Mount Hamilton Hospital since her return from McGill University, is doing private duty nursing for the present.

Miss Mary MacKay, who was compelled to rest for a year, has returned to Hamilton feeling much better.

Miss Muriel Suckling left early in November for New York City.

Miss Mary Campbell has gone to Detroit, to reside.

On Friday night, October 29th, the Alumnae Association held their annual Hallowe'en party in the senior nurses' residence. About one hundred nurses were present, including the members of the nursing staff of the hospital, and the costumes were "the best ever." Miss Rayside and Miss Clark were appointed judges of the costumes, and Miss N. McPherson, of London, was given first prize for the "funniest." Miss McNab won the second prize, and Miss Mabel Dunlop, dressed as an Indian maiden, was given first prize for the prettiest costume.

NORTH BAY

The examination for the Registration of Nurses in the Province of Ontario, held in November, was presided over by the Rev. Sister Phillips, superintendent of Sudbury Hospital (St. Joseph), and Miss Rogers, superintendent of Queen Victoria Hospital.

OTTAWA

General Hospital

Miss Isabel McElroy and Mrs. Devitt were recently presented with purses as a slight token of appreciation for their devotion, zeal and loyalty to their school alumnae.

A convention was held at the Ottawa General Hospital this month, the large number present being most gratifying.

Dr. George Armstrong gave an interesting lecture and demonstration on Blood Transfusion. The student nurses, Ottawa General Hospital, demonstrated ways and means of operating in a private home, and the pupils at the Isolation Hospital, under the supervision of Miss Garvin, lady superintendent, demonstrated the care of contagious diseases. A luncheon was afterwards served at the Chateau Laurier.

Sympathy is extended to Mrs. Chasse (nee E. Beaulieu) in the sad loss of her husband.

A solemn High Mass was sung at St. Patrick's Church for the late Miss McKinnary.

The Misses Larkin, Camley, Mulvihell, O'Brien, Williams, and G. Costello, have returned to New York.

The Misses Tomkins and Browning have taken positions in Canton, Ohio.

The Rev. Sr. Joseph has been made Supervisor of the Ottawa General Hospital, an honour highly appreciated by the members of the Alumnae Association. Sr. Joseph was superintendent of nurses for a number of years.

TORONTO

St. John's Hospital

The annual meeting of St. John's Hospital Alumnae Association was held on November 18th at 8 p.m., the president, Miss E. Price, in the chair. A very interesting report of the year's work was read by the secretary, Miss Issac. The bi-monthly social held in May took the form of a bridge and dance: a most successful affair, both socially and financially, thanks to Miss Morgan, the convener. During the past year several of the members have taken up new duties: Miss Hunter is now in charge of Public Health work in Nassau, Bahamas: Miss Bradford and Miss Cunningham are school nurses, the former in Hay River, Mackenzie River District, N.W.T., and the latter in Mercer, Penn.; Miss Wright has taken post graduate work in New York, and Miss Tababerry is now Mrs. Smith.

This year the association was able to send a delegate (Miss Ramsden) to the first annual meeting of the Registered Nurses Association of Ontario. Such a good report was brought back that members felt that much benefit would be derived from attending some of the meetings of this organization in future.

St. John's Hospital graduation exercises were held on May 19th in the Sisters' Chapel, eleven nurses receiving their prizes and diplomas. At the conclusion of the exercises a reception was held in the nurses' residence, where the class received the congratulations of their friends. The Alumnae entertained the graduating class at a dinner at the Toronto Graduate Nurses Club, where a very pleasant evening was spent.

Perhaps the outstanding feature of the work of the Alumnae Association this year was the sending of a delegate to the general meeting of the Canadian Nurses Association, in Ottawa, in August. Miss G. Brough, a member who served overseas, was chosen as delegate, and at the October meeting of the Alumnae Association gave an interesting and instructive report. She spoke of the impressive services at the unveiling of the Memorial and gave a full report in regard to progress in nursing education.

Grace Hospital

At the December meeting of the Alumnae Association Miss Ethel Cryderman (Toronto General Hospital) gave her splendid paper on "Mothercraft," which was so well received at the general meeting in Ottawa. Miss Stellar, a Hungarian nurse, trained in Holland and a graduate of the International Nursing Course, London, England, who has been sent to Toronto by the Rockefeller Foundation to enroll for the Public Health Course at Toronto University, gave the members interesting glimpses into nursing life in other countries. At this, the last meeting before Christmas, arrangements were made for the Christmas dinners which are given in co-operation with the Neighbourhood Workers' Association.

Hospital for Sick Children

It was with very great pleasure that the graduates of the hospital welcomed back their former superintendent, Miss Florence Potts, at a delightful reception held in the nurses' residence on the evening of November 26th. The guests were received by Mrs. Langford, the president, and Miss Potts, the latter wearing a beautiful nosegay of roses and violets, the gift of the Alumnae. Miss Panton, the superintendent, poured coffee beside a blazing fire, and many graduates came and went during the evening.

Miss Hazel Elliot, 1919, has accepted a position on the staff of the Hospital for Crippled Children, Newingham, Conn.

Toronto General Hospital

The members of the class of September, 1923, arranged a reunion dinner at the Grey Gables Tea Rooms, Toronto, in honour of Mrs. Cerubi, when visiting in Toronto. Mrs. Cerubi (Gladys Redman) resides at Port Limon, Costa Rica, and in a delightfully amusing way told of her experiences and of the country. Among those who enjoyed this gathering were Mrs. Cecil Coo, of Cooper Cliff, Ont., Misses Jean Anderson, Jean Galley, Gladys McBride, Mary Aikenhead, Emma Graham, Emily Ferguson, Clara Vale, Winnifred Duveau, Violet Hartman, Betty Grove and

K. H. Scott. The members of the class were entertained at a tea the week previously at the home of Miss Jean Galley.

Miss Margaret Wright, 1923, has resigned her position as supervisor of the operating room at Evanston Hospital and is at present at her home in Toronto, with her father, who is seriously ill.

Miss Charlotte Gardner, 1922, who has spent the past few months at her home in Owen Sound has returned to New York, where she is engaged in private duty work.

On their return from the coast Miss J. P. Dent and Miss M. Fry enjoyed a delightful reunion at Regina with Dr. Chasse, Miss Stewart, of the Saskatchewan Red Cross, and Miss Helen Longworthy.

Miss Helen Longworthy, 1922, who has been doing special duty in Regina, Sask., has been appointed nurse-in-charge of the Red Cross Outpost Hospital at Bengough, Sask.

Miss Jean P. Dent, 1922, has taken a position as floor nurse at the Illinois Central Hospital, Chicago, Ill.

Miss Olive Nichols and Miss Olive McNie, 1922, have taken positions at the Women's Hospital, Cleveland, Ohio.

Dr. Lavell, of the Parole Board, was the speaker at the Alumnae meeting held early in December. The fascinating account of this intensely interesting work was enjoyed by a large number of members and by the class of 1927.

Miss Nora Parkes, 1923, who has had several trans-atlantic trips as ship's nurse, has started on a world cruise in the same capacity.

Miss Westlake, of Montreal, has been appointed instructor of physical culture at the Toronto General Hospital.

QUEBEC

MONTREAL

Royal Victoria Hospital

Miss Gretta Kearney, 1913, and Miss Adelaide Munro, 1920, are spending the winter in England.

Miss Annie Bulman, 1919, is doing V.O.N. work in Moncton, New Brunswick.

At the November meeting of the Alumnae Association short talks were given by Dr. A. Parsons and Miss Helen Clarke. Dr. Parsons spent last summer in Russia and had many interesting things to tell about conditions there.

Miss Clarke has recently returned to the Royal Victoria Hospital after spending nine months abroad.

At a special meeting of the executive committee of the Alumnae Association of the Royal Victoria Hospital held on November 3rd the following resolution was passed:

"Resolved, that we desire to place on record the loss sustained by this association in the removal by death of the late Mr. H. E. Webster, who was for so many years a faithful friend of our association, and whose kindly interest and advice we have always appreciated."

At the December meeting of the Royal Victoria Hospital Alumnae Association the speaker of the evening was Mr. Whitfield Aston. Mr. Aston delighted his audience with a very entertaining address on the humour of Dickens.

The Badminton Club formed by the staff nurses was formally opened in December by Mr. Chenoweth, acting superintendent.

Miss Bessie Stewart, 1917, is now in charge of the Social Service Department, Royal Victoria Hospital.

Miss Blanche Bissett, 1926, is assistant head nurse in the Hydrotherapy Department, Ross Pavilion.

Miss Olive Wisdom Graham, 1923, has accepted a position in the Twillingate Hospital, Twillingate, Nfld.

Miss Adela de Munro, 1920, and Miss Gretta Kearney, 1913, are spending the winter in England, and Miss Barbara Wilson, 1925, in southern Italy.

Miss Helen Mosher, 1922, has taken a patient to North Africa for the winter.

Montreal General Hospital

Miss Helen Hewton, 1921, is temporarily engaged on O.D. staff of the M.G.H.

Misses Lucretia Stewart, Laura Giroux and May Lunan, all of class 1925, are engaged in private duty nursing in Detroit, Mich.

Miss Vivian Tremaine has left Quebec for Saint John and Halifax, where she is in charge of the Red Cross Port Nurseries for the winter months.

Mrs. Hazel Kierstead, 1918, has accepted a position on the staff of the McKinney Hospital, McKinney, Texas.

Miss Anna McLeod, 1923, has taken a position on staff of the Grand Falls Hospital, Grand Falls, Nfld.

Miss Hardinge who has been in charge of the night nurses' home of the M.G.H. on Sherbrooke St. for past five years is now on the staff of the new nurses' residence on Dorchester St.

Any members wishing to take advantage of the club rate of $1.75, annual subscription to The Canadian Nurse may do so by placing their subscriptions with Miss Ruth Stericker at the M.G.H.

The members extend their sincere sympathy to Mrs. Ewan (nee Sarah Lewthwaite), in the loss of her husband, the Rev. Dr. Ewan, of California, and formerly of China; and Miss Margaret Taylor, 1926, in the loss of her brother.

Misses Grace MacKay and Shirley Bowen, 1922, and Miss Grace Carter, 1925, have resigned from, and Miss Juana McCosh, 1926, has recently joined the staff of the Laurentian Sanatorium.

All of the graduates in connection with the Central Division of the M.G.H. recently moved across the street to their beautiful suites in the new nurses' residence, one of the finest equipped on the continent, costing three-quarters of a million dollars. The student nurses are also enjoying their luxurious accommodation.

Miss Julina Stewart, 1924, who has been in charge of the office of H. M. Little, M.D., for several months was operated on recently, and Miss Gladys Smith, 1925, is relieving for Miss Stewart. We are glad to say that Miss Stewart is making a very satisfactory recovery.

At the Alumnae meeting in November, Dr. Lomer, librarian of Redpath Library, McGill, gave a very interesting address, with lantern slides, on the Story of the Book, and Dr. Ritchie, who is in charge of X-Ray at the M.G.H. Central Division also gave a very instructive lecture on the X-Ray at the December meeting.

Miss Mildred Buchanan, 1920, and Miss Mary Irene McQuade, 1925, who have been on the staff of the Laurentian Sanitorium since the opening, over a year ago, are among the recent successful graduates from the "New School" recently opened for a special course in tuberculosis nursing. Miss Buchanan is remaining on the Sanatorium staff in charge of the Infirmary, while Miss McQuade has taken up her position as matron for the Neer Dessert Sanatorium, at Tucson, Arizona.

SASKATCHEWAN

REGINA

Grey Nun's Hospital

Under the convenership of Mrs. H. Smith a very successful tea was held at the home of Mrs. E. Malden, to assist in raising funds towards the furnishing of the nurses' ward in the new wing of the hospital.

Miss Meta Stehr, who has been holidaying in the Peace River District for the past three months, has returned to the city to resume private duty nursing.

The Misses Jean Harty and Lola Dunn are at present doing private duty nursing in Toledo, Ohio.

Miss Edith Parker has joined her family at Chilliwack, B.C.

Miss K. E. Wanless has been on the staff at Gull Lake Hospital for the past three months.

Miss Gertrude Krueller has returned to the city from a two months' vacation at Toronto and other eastern points.

The new wing of the hospital is nearing completion, the hospital will then have a bed capacity for 225 patients. The new nurses' home, which is about ready for occupancy, will accommodate forty additional nurses.

C.A.M.N.S.

London and District No. 1: The Overseas Nursing Sisters Club.

On October 14th, 1926, twenty-two nursing sisters met at Major Ramsay's office. Miss A. Ramsay, presiding, called for nominations, which resulted in the election of the following officers: President, Mrs. Claude Brown, R.R.C. (Maud Gardner); vice-president, Miss Ann Ramsay; secretary, Miss Elizabeth Regan; treasurer, Mrs. V. V. MacDermott (Miriam Heath); committee, Mrs. Stewart Fisher, Mrs. Grafton (Bernice Sibbald), Mrs. Margaret Holland (Miss Douglas), Miss Marian Price, R.R.C., and Miss Helen Woolson, R.R.C. Arrangements were made for a reunion dinner, which took place on November 10th, at 8.30 p.m., at the Bungalow Tea House, when about sixty nursing sisters met together in a very jolly dinner party, Mrs. Claude Brown presiding. The cozy living room and tables were decorated with bronze 'mums and poppies, and the glowing grate fires added to the joy of those present—many of whom had not met since the memorable days overseas. The toast to The King, proposed by the president, was followed by the silence for remembrance. Other toasts followed and all were enthusiastically responded to. A short business meeting was held at which Matron Macdonald was elected honorary president of the club and the constitution as drafted by the executive accepted. It was decided to hold an annual dinner and to place a wreath on the Memorial, in Ottawa, each year. The singing of God Save the King ended a most happy evening.

TORONTO

A well-attended meeting of the Toronto Overseas Club was held in the sisters' quarters at Christie St. Hospital on Friday evening, November 12th. After the reading and adopting of the treasurer's and secretary's reports, respectively, there was given a resumé of the club's activities during the year 1925-1926, which included a dinner at the Prince George Hotel, attended by one hundred and fifty sisters, a bridge held at Christie Street Hospital by the kind permission of Matron Hartley, and an especially delightful tea at Hart House, University of Toronto, in honour of Dame Maud McCarthy. The club sent a delegate to the unveiling of the Sisters' Memorial at Ottawa, who placed a beautiful wreath at the foot of the panel in the name of the Overseas Sisters' Club of Toronto. Flowers are placed each Armistice Day on the cenotaph at the City Hall. The results of the election for the officers for the year 1926-1927 were as follows:—Hon. president, Matron-in-Chief Macdonald, L.L.D., R.R.C.; hon. vice-presidents,

Matron Hartley, R.R.C., Christie St. Hospital, and Matron Campbell, R.R.C., M.M.; president, Mrs. D. E. Robertson (Pauline Ivey); vice-president, Miss Laura Holland; recording secretary, Miss Ella Drysdale; treasurer, Miss Agnes McIlwraith, 619 Avenue Rd.; corresponding secretary, Mrs. T. A. James, 165 Erskine Ave.; executive, Misses Hamilton, McCallum, Rogers, Austin, Tuckett, Edith Scott, and Mrs. Duncan (N/S Weldon), Mrs. Hewitt (N/S Dow), Mrs. Bartholomew (N/S Gibbons).

Arrangements were made for the holding of a dinner in January, the date to be decided later, and after discussion of the business affairs of the club, and a short account by Miss Helen Smith of her trip to Ottawa in August as the official delegate to the unveiling, the meeting adjourned.

ST. JOHN, N.B.

The Overseas Nurses Club held its annual Armistice dinner in the Admiral Beatty Hotel, and during the serving of that excellent repast speeches and toasts were given with much appreciation. Miss A. Sutherland, secretary pro. tem., read a very clever poetical address of welcome, composed by the president. The remainder of the evening was very pleasantly spent in bridge and fortune telling, and in a brief business session the officers were elected. Miss Mary Barnhill was unanimously re-elected president, and Miss Ella Cambridge was appointed secretary. Among the many distinguished military leaders in the city who visited the nurses at their banquet during the evening were General Sir Arthur Currie, K.C.B., K.C.M.G.; Col. J. L. Ralston, C.M.G., D.S.O.; Col. W. B. Anderson, C.M.G., D.S.O.; Col. Murray McLaren, C.M.G., V.D., M.P., M.D.; Lieut.-Col. N. P. McLeod, M.C., V.D.; Lieut.-Col. H. C. Sparling, and Major Gale. The reunion of the overseas nurses was a delightful occasion and the members of the club are looking forward to a similar gathering on Armistice night, 1927.

On special request of the I.O.D.E. the overseas nurses attended the service in King Square, St. John, N.B., on the morning of Armistice Day. The service was most impressive and the floral tributes both numerous and beautiful.

On behalf of the St. John Chapter of the New Brunswick Registered Nurses Association, Miss Ella Cambridge placed a wreath on the memorial.

The Overseas Nurses Club entertained at the "Recreation Hut," Lancaster Hospital, on Tuesday evening, November 30th, at a delightfully arranged bridge, in aid of the Victorian Order of Nurses. The room was tastefully arranged, with decorations of red and white chrysanthemums, red geraniums, and potted ferns. Following the play Dr. Rowley awarded the prizes, which were all donated by friends, and refreshments were served. Over one hundred dollars was realized.

NOVA SCOTIA

The Overseas Nurses' Club of Nova Scotia held its first dinner in the St. Julian Room, Halifax Hotel, Armistice Night, Matron MacLatchy presiding. The table decorations were chrysanthemums and poppies, the place cards and menu cards also bearing the emblem of "Flanders Fields." After the toast to the King, letters were read from Matron-in-Chief Margaret C. Macdonald, R.R.C. (who to the regret of all was unable to be present), and from several of the first contingent Nursing Sisters. Matron Pope, R.R.C., South African and Great War veteran, was present, and responded happily to the toast to our "South African Veterans."

A happy coincidence was an Armistice dinner in the main dining room, in which Overseas officers and men participated. Friendly visits were interchanged, and their piper made several visits to the sisters' mess, adding greatly to the occasion with the "skirl of the bagpipes." An invitation was sent to the Nursing Sisters to visit their "mess," and as they entered the dining room the toast to "The Ladies" was given with cheers and "For they are jolly good fellows" was sung. A return visit was made to the Sisters' mess by about three hundred "brave men and true," who marched in single file around the table, and the nursing sisters in return sang "For they are jolly good fellows." Thus was Armistice Day celebrated by the Overseas Nurses' Club. A day of "memories that bless and burn" and of rejoicing for victory and safe return. The day of all days for a get-together, "Lest We Forget."

N.W.T.

The editor has been sent a letter written by Miss Minnie Haskett to her sister nurses of the Alumnae of the St. Boniface Hospital School for Nurses. Last spring Miss Haskett, who had been appointed nurse in charge of All Saints Hospital, Aklavik, North West Territory, left Edmonton on June 1st and reached Aklavik on June 23rd. After travelling 292 miles on a long, long freight train, to which were attached two passenger coaches accommodating the mission party, in company with a judicial party going to Aklavik to try two Eskimos for murder, an officer and three men for a wireless station, ten or twelve police, and four tourists, Waterways was reached, which is the end of all

railroad tracks. Owing to the dry season the Athabasca River was too low to allow the steamer to dock at Waterways, so by means of a small tug steamer and scow they reached Fort McMurray and the S.S. Athabasca River. It took two-and-a-half days to transfer all the freight to the steamer. Shortly after starting the rain commenced to fall and continued for the rest of the journey. Two days later the party reached Fort Fitzgerald, from where a portage of sixteen miles was made to the S.S. Distributor at Fort Smith, in order to avoid the rapids on the Slave River. The entire year's supplies must all be brought in this way during the summer months. Just imagine the hundreds of tons of supplies for the settlements along the Mackenzie River! One week was required to transfer all the freight, although the passengers, in two dilapidated Fords, made the trip in three hours, in drenching rain, late on a dark night. After leaving Fort Smith the party was held for three days among the islands of Great Slave Lake owing to heavy winds. After reaching the Mackenzie River travel was more rapid, except for the daily wait of from three to five hours while Indian boys carried aboard sufficient wood to feed the engines for another twenty-four hours. At most of the stopping places the passengers went ashore, in spite of the clouds of mosquitoes, and gathered some of the very pretty wild flowers that grow along the banks of the river. About 100-150 natives, mostly Eskimo, were ready to receive the party at Aklavik. They are very proud of their hospital, which is well-built and consists of two three-bed wards, operating room, pharmacy, and consulting and dressing room.

From first observation the people appear to be overfed. When a moose is killed and dried they eat and eat until it is all gone, "then they come along complaining, but a dose of calomel and salts sets them right.

"When the babies are born they are never washed or dressed, not even the vernix caseosa taken off. Naked, they are put on the mother's back, inside her dress, kept in place by a belt tied tightly around the waist, and left there until they are three months old, just coming out for feeding. When the mother's pukka hood is over her head the baby has no chance for fresh air: in fact it seldom gets any—it might kill him! But in spite of it all the "Huskies," as the Eskimos are called, are on the whole a healthy race."

Miss Haskett concludes with "I should like to be able to drop into a meeting some night. I will before long, the time flies, and four years will be gone before my friends realize I am away. Please give my best Christmas wishes to all the girls and may you all have a real happy and prosperous New Year."

U.S.A.

Miss Janet Geister, R.N., appointed to succeed Miss Agnes Deans, R.N., as director of the American Nurses Association, entered on her new duties on January 1st, at headquarters, New York, which had been under the direction of Miss Deans since the office was first opened.

The following letter to the Editor has been received from the chairman, Private Duty Section, Detroit District of Michigan State Nurses Association:—

"Dear Editor:

"In the interest of private duty nurses who may be considering coming to Detroit in the near future to practise nursing, we would suggest that they first inform themselves on nursing conditions here before leaving their present location.

"Private duty nurses are, to a considerable number, on the whole, fully occupied throughout the year in Detroit, but there has been within the last year a larger number of nurses coming in from other states than could be kept busy as they would like to be. After they arrive, they are regularly (when eligible) accepted on the Registry, but the Registrar accepts them with real concern, during the autumn months, knowing what meagre opportunities there are for them to practise their special nursing, and it therefore seems best to advise them to inform themselves by writing the Nurses' Official Directory first before coming.

"We trust our friends outside of our state will not interpret this suggestion as an 'unneighbourly' or 'inhospitable' attitude of the Detroit nurses, but friendly assistance to save them the embarrassment and disappointment of finding unexpected conditions when they arrive."

BIRTHS

BUCHANAN—On November 3rd, 1926, at St. Catherines General Hospital, to Mr. and Mrs. Neil Buchanan (Caroline French, Mack Training School, St. Catherines), a daughter (Betty Jane).

CAMERON—On August 3rd, 1926, to Mr. and Mrs. William Cameron (Alice Orme, Grey Nun's Hospital, Regina, 1924), of Condie, a daughter.

COONS—On October 20th, 1926, to Mr. and Mrs. Arthur Coons (Hazel Dell, Mack Training School, St. Catherine's), a son (William Arthur).

GREENWOOD—On September 25th, 1926, to Mr. and Mrs. C Greenwood (N/S M. Jephson, St. Boniface Hospital, Man.), a son.

MITCHELL—On November 5th, 1926, at Grand Rapids, Mich., to Dr. and Mrs. H. C. Mitchell (Katherine I. Stewart, Toronto General Hospital, 1923), of Grand Rapids, Mich., a daughter (Patricia Katherine).

MACDONALD—On November 10th, 1926, at the Royal Victoria Montreal Maternity Hospital, to Dr. and Mrs. J. K. MacDonald (Catherine Ladd, Montreal General Hospital, 1925), a daughter.

NESBIT—In October, 1926, in England, to Flight-Lieut. and Mrs. Nesbit (Constance Bruce, N|S, 1914-1918), formerly of India, a son (Douglas).

STARRETT—On October 3rd, 1926, at Sheldon, Iowa, to Mr. and Mrs. R. L. Starrett (Grace Savage, Wellesley Hospital, 1922), a daughter.

TIFFIN—In June, 1926, at Kimberly, B.C., to Mr. and Mrs. Tiffin (Margery Forrest Hospital for Sick Children, Toronto), a daughter.

TRAUB—On September 17th, 1926, to Mr. and Mrs. E. Traub (Montanna Whatam, Grey Nun's Hospital, Regina, 1922), of Regina, a daughter.

WILLS—On October 13th, 1926, at Wellesley Hospital, to Mr. and Mrs. J. C. Wills (Anne McBeath, Wellesley Hospital, 1921) a son.

MARRIAGES

BOULTER—FISHER—On November 20th, 1926, Constance Fisher (Toronto General Hospital, 1920), to Dr. Leland Boulter, of Vancouver.

BRAIN—GASTLE—On September 8th, 1926, at Carlisle, Mary Elizabeth Gastle (Hamilton General Hospital, 1924), to Arthur Melvin Brain, of Hornby.

BRUBAKER—SWEITZER—Recently at Waterloo, Ont., Stella Sweitzer (Mack Training School, St. Catherines, 1925), to Shannon Brubaker. At Home—12 Victoria Street, Waterloo, Ont.

BURTO—FAIRHALL—On October 18th, 1926, at Vancouver, A. Fairhall (St. Paul's Hospital, 1918), to J. Burto.

CASEY—WARD—On November 3rd, 1926, at St. Mary's Cathedral, North Bay, Doris L. M. Ward (Queen Victoria Hospital, North Bay, 1926), to Joseph R. Casey. Mr. and Mrs. Casey will reside in North Bay.

DAVIDSON—McCOMB—On August 18th, 1926, at Winnipeg, Man., Hilda McComb (St. Boniface Hospital, 1915), to Clark W. Davidson.

DAVIES—CARVETH—On June 10th, 1926, at Lumsden, Lydia Carveth (Grey Nun's Hospital, Regina, 1920), to A. W. Davies, Regina. Mr. and Mrs. Davies will reside at 1532 Cameron Street.

ELDER—CUNNINGHAM—On June 25th, 1926, at Winnipeg, Edna Cunningham (Grey Nun's Hospital, Regina, 1923), to A. Graham Elder, of Kipling, Sask.

HOWARD — POWELL — On September 22nd, 1926, at Copetown, Anne R. Powell (Hamilton General Hospital, 1924), to Richard M. Howard, of Dundas.

LUCAS—FINNEY—On October 21st, 1926, at Toronto, Alma Florence Finney (Grace Hospital, Toronto, 1915), Nursing Sister overseas 1916-1919, to Norman Lucas, Toronto. Mr. and Mrs. Lucas are residing at 384 Hudson St., Buffalo, N.Y.

MANTHA—GAUTHIER—Recently, Irene Gauthier (Ottawa General Hospital, 1926), to Dr. Mantha, of Ottawa.

McGARRY—SCOTT—On November 17th, at Milton, Ont., Marion Isabel Scott (Toronto General Hospital, 1923), to Dr. James Richard McGarry.

McKAY — FERGUSON — On November 17th, 1926, at Moose Jaw, Bertha Ferguson (Grey Nun's Hospital, Regina, 1925), to James McKay, of Regina, Sask.

SMITH—FERGUSON—On October 12th, 1926, at Toronto, Marion Phoebe Ferguson (Toronto General Hospital, 1922), to David E. Smith. Mr. and Mrs. Smith will reside in Brampton, Ont.

SULLIVAN—MIRON—On November 23rd, 1926, at Chicago, Ill., L. Miron (St. Boniface Hospital, 1919), to D. Sullivan.

SUTHERLAND—BONNELL—On October 16th, 1926, Effie Bonnell (General Public Hospital, Saint John, 1924), to Dr. I. R. Sutherland, of Annapolis Royal, N.S.

WALTERS—LACEY—On November 18th, 1926, at Toronto, Aileen Lacey (Toronto General Hospital, 1925), to Dr. Ross Walters.

WATT—DUNN—On July 6th, 1926, at Regina, Maude Dunn (Grey Nun's Hospital Regina, 1923), to John A. Watt, of Kincaid, Sask.

WAYNE—HAMILTON—On October 2nd, 1926, at Galt, Ont., Margaret Gordon Hamilton (Grace Hospital, Toronto, 1926), to Russell Wayne, of Toronto. Mr. and Mrs. Wayne are residing at 5 Wells St., Toronto.

DEATHS

CAMPBELL—On November 15th, 1926, at the Montreal General Hospital, Granger Campbell (Montreal General Hospital, 1914), daughter of the late Robert Campbell, L'Orignal, Ont. Funeral service in the chapel of the Montreal General Hospital; interment at Cassburn Cemetery, L'Orignal. Funeral from Presbyterian Church, Vankleek Hill.

DIPHTHERIA ANTITOXIN—THEN AND NOW

Some of our readers may recall the appearance of anti-diphtheric serum in the pioneering antitoxin days, and the volume of the dose. It would do their hearts good to get a glimpse of the blue label antitoxin that Parke, Davis & Co. are now supplying—a practically water-white liquid in a syringe package of the latest design, the needle separately enclosed in a glass tube in such a manner that the shaft of it is not touched by the operator as he attaches it to the syringe.

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Parke, Davis & Co. recently issued a booklet on the prophylaxis and treatment of diphtheria, and we are authorized to state that any physician can obtain a copy by writing to the firm for one.—Parke, Davis & Co., Walkerville, Ont.

NATIONAL OFFICE: CHANGE OF ADDRESS

On January 1st, 1927, the National Office, Canadian Nurses Association, was moved from No. 609 to No. 511 Boyd Building, Winnipeg. The office space occupied during the past four years had become very crowded, especially since The Canadian Nurse has been published from national headquarters, so that it was necessary to obtain larger offices. Our subscribers, contributors and all other correspondents are asked to note the change of address for the National Office, which now is

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